CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

EP 13407

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for records which are accumulating daily.	B. Dispose of present accumulation, no additional accumulation anticipated.	C. Microfilm and destroy originals.	D. Microfilm and retain originals for length of time indicated below.
☐	☐	☐	☒

9. Recommended Retention Period			10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:

Records Management Officer 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

87850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. F 87850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 242 Mallow Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 242 Mallow Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche J. Keister

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Wm H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18-1874

8. AGE: Years 67 | Months — | Days 20 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER — 12. Name J. H. Barnes
13. Birthplace Unknown

MOTHER — 14. Maiden Name Johnson
15. Birthplace

16 (a) Informant Audrey E. Flint
(b) Address 242 Mallow Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 8-1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1936 to 1/7 1942 and that I last saw h alive on 1/6 1942

Immediate cause of death: Chronic myocarditis —

Due to Metastatic malignancy of the liver —

Due to Carcinoma of the breast —

Other Conditions: Cholecystitis —
(Include pregnancy within 3 months of death)

Date of operation 5/27/36

Major findings of operation: Carcinoma of the breast —

of autopsy:

Duration
1 yr —
1½ yrs
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2403 Garrison Blvd Date signed 1/8/42

VS 8

87851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. E 87851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Delta (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DANIEL TRACY

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-8974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Grace Tracey

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)

10. Usual Occupation: Conductor

11. Industry or business: Railroad

FATHER
12. Name: Daniel Tracey
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden Name: Sussan Creamer
15. Birthplace: York Co., Pa.

16 (a) Informant: James Tracey
(b) Address: Whiteford, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1942 (Month) (Day) (Year)
(c) Cemetery or crematory: Dues Creek Cem. Co.
Location: Del Air Md.

18 (a) Funeral director: Hubert P. Watkins
(b) Address: Delta Pa.

19 JAN 8 – 1942 Huntington Mills, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing of chest and vertebra	
Due to	
Due to	
Other Conditions Hypertension cardiovascular disease (Include pregnancy within 3 months of death)	

Date of operation: no
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-8-42 at 10 A M
(c) Where did injury occur? Waterwals (City or town) Harford (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury fell off rear platform

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-9-42

VS 6

F 87852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 87852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N Madeira St (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rita Mary Petz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 22, 1940
8. AGE: Years 1 | Months 7 | Days 13 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Petz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Antonette Novak
15. Birthplace Balto Md

16 (a) Informant Edward Petz
(b) Address 926 N Madeira St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 '42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Balto Md
18 (a) Funeral director Frank Groetzinger
(b) 2294 Eastern Ave
19 (a) JAN 8 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1942, at 9:10 AM

22. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1941 to 1/6 1942 and that I last saw her alive on 1/6 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Purulent Cerebral Meningitis	5 hrs Type III
Other Pneumonia, left	8 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. A. Finegan
Address St Joseph's Hospital Date signed 1/6/42

VS 8

87853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-D

F 87853 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 South Clinton St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 S. Clinton St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1906

8. AGE: Years 35 yrs., Months 8, Days 24, If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Joseph Wagner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jaukl
15. Birthplace Austria

16 (a) Informant Father
(b) Address 908 S. Clinton St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horners Lane

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 JAN 8 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1942 at 7.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1941 to Jan 6 1942, and that I last saw h[illegible] alive on Jan 5 1942.

Immediate cause of death: Rheumatic Gonocarditis, Congestive Failure — Duration 12-2-41

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy None.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Schimunek M. D.

Address 942 S. Conkling Ave Date signed 1-8-42

VS 3

87854 J.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

933 E 87851 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Prentiss Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Prentiss Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinia Matula

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife James Matula
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	23	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name Michael Hladky
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Anna Saffa
(b) Address 2215 Prentiss Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek,
(b) Address 2601-03 E. Madison St.,
19 JAN 8 - 1942 Huntington Wills Registrar

(Must be filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Jan 7 1942, and that I last saw her alive on Jan 7 1942.

Immediate cause of death

Cerebral Embolus — Duration 6 hrs.
Due to Auricular Fibrillation — 4 days
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 1/8/42 M.D.

87855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 - Registered No. F 87855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Caroline St
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Gossard (Birth F. 41921)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1942

8. AGE: Years | Months | Days | If less than one day 14 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Ingald Gossard
13. Birthplace Lanark, Ill.
MOTHER 14. Maiden Name Rose Evans
15. Birthplace Clinton, Iowa.

16 (a) Informant Ingald Gossard
(b) Address 2909 Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-1942 (month) (day) (year)
(c) Cemetery or crematory Springdale
Location Clinton, Iowa

18 (a) Funeral director Geo. Wehrenberg
(b) Address 2503 Edmondson Ave.

19 (a) 1-9-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-42 19 . at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8- 1942 to 1-8 1942 and that I last saw h[illegible] alive on 1-8-1942.

Immediate cause of death: Intra cranial Hemorrhage — Duration 16 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson D. Koppelman M. D.
Address 1400 N Caroline St Date signed 1-8-42

VS 1

F 87856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

F 87856

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infr.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Greenway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bishop Charles Fiske FISKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth Bartlett
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 16 1868

8. AGE: Years	Months	Days	If less than one day
73	9	23	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Retired Bishop
11. Industry or business

FATHER
12. Name Wm H. Fiske
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mary Houghton
15. Birthplace New York

16 (a) Informant Miss Esther Crampton
(b) Address 3405 Greenway City

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 10 42 (month) (day) (year)
(c) Cemetery or crematory New Trinity
Location New York City

18 (a) Funeral director Henry N. Jenkins Sons Co.
(b) Address McCulloh-Orchard Sts

19 (a) (Signature of local registrar) (b) Registrar

JAN 9 1942 Henry L. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1942, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1941, to 1/8 1942, and that I last saw him alive on 1/7 1942.

Immediate cause of death
Part of prostatectomy
Due to Carcinoma of prostate
Due to Resection of colon for carcinoma of rectum
Other Conditions Art. sclerosis

(Include pregnancy within 3 months of death)
Date of operation 12/31/41
Major findings of operation: Carcinoma of prostate
of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Mason King M.D.
Address Church Home & Infr. Date signed 1/9/42

F 87857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87857 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 E. 41st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 E. 41st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Staylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Marion

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 18, 1879

8. AGE: Years: 62 | Months: 7 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Balto., Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Patrick McNeal
13. Birthplace: Ireland

MOTHER 14. Maiden Name: Catherine Hailey
15. Birthplace: New York

16 (a) Informant: Mrs. Kemper
(b) Address: 814 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9/42 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto. Md.

18 (a) Funeral director: Maurice J. Flynn
(b) Address: 1462 Eutaw St.

19 (a) JAN 9 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to Jan 1941, and that I last saw her alive on 1/7 1942.

Immediate cause of death: Coronary Occlusion — Duration: 3 days

Due to: Arteriosclerotic Cardio-Vascular disease — 5 yrs.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Reier M.D.
M. D.

Address 6201 York Rd Date signed 1/8/42

VS 3

F 87858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 87858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316-Crofton Road
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 20-yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316-Crofton Road (If rural give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3 (a) FULL NAME Samuel D. McCormick

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Eva (Littlefield)
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 5.23.1872

8. AGE: Years	Months	Days	If less than one day
69	7	15	--hr.----min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation Herdsman (Retired)
11. Industry or business

FATHER
12. Name ? McCormick.
13. Birthplace Maine

MOTHER
14. Maiden Name ? Porter
15. Birthplace Maine

16 (a) Informant Mrs. Frank J. Hablik
(b) Address 1316-Crofton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Co. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) JAN 9 — 1942 (Date received) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1942, at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1937 to Jan 6 1942, and that I last saw [illegible] alive on Jan 2 1942.

Immediate cause of death	Duration
Chronic myocarditis	5 yrs
Due to Coronary occlusion	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Baguley
Address 1531 E. North Ave. Date signed 1/7/42

F 87859 ✓ F 87859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 Haverhill Rd.
(c) Hospital or institution: Visitation
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James F. Long

3 (b) If veteran, name war

3 (c) Social Security Account No. S.S. 215-07-0431

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth Burlinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1886

8. AGE: Years 55 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Md (City, county, and state)

10. Usual Occupation Watchman

11. Industry or business Swift & Co.

FATHER
12. Name Alexander Long
13. Birthplace Md.

MOTHER
14. Maiden Name Vera Miller
15. Birthplace Washington, D.C.

16 (a) Informant Mrs Elizabeth Long
(b) Address 1001 Haverhill Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Harry G. Wilke
(b) Address 701 E Monument Ave.

19 (a) JAN 9 — 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1936, to Jan 6 1942; and that I last saw him alive on Jan 6 1942.

	Duration
Immediate cause of death: Bronchopneumonia	1/4/42
Due to Rt Cerebral Hemorrhage	1/4/42
Due to Hypertensive Cardio-vascular Disease	?
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Carl P. Rostberg
Address 326 N Central St Date signed 1/8/42

VS 3

408318
F 87860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-2-B

F 87860
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 764 Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-27-73

8. AGE: Years 68 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Butler
13. Birthplace Md

MOTHER
14. Maiden Name Fannie Brown
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary-Balto
Location Brooklyn Anne Arundel Co. Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1401 Jefferson St.

19 (a) JAN 9 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 4 1942 19 at 11:28 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11-1941 to 1-4-1942 and that I last saw her alive on 1-4-1942

Immediate cause of death Uraemia

Due to Carcinoma of bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-17-41

Major findings of operation:

of autopsy:

Duration
Own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. N. Richardson Jr. M. D.
Address Johns Hopkins Hosp. Date signed 1-5-42

F 87861 ✓ F 87861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3024 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Guilford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C. Nagle

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-2257

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret R. Nagle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1870

8. AGE: Years 71 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Rocks Harford Co. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business United States Stamping Co

FATHER 12. Name Emanuel Nagle

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Elizabeth Howe

15. Birthplace Maryland

16 (a) Informant Mrs Margaret R. Nagle

(b) Address 3024 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Rutledge, Harford Co. Md.

18 (a) Funeral director Jos. H. Burger

(b) Address 3631 Falls Road

19 (a) JAN 9 1942 (Date received by registrar) Waiting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1942, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Jan. 7 1942 and that I last saw him alive on Jan. 1 1942

Immediate cause of death: Carcinoma Prostate — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Prostate

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.

Address 4508 Harford Rd Date signed 1-7-42

VS 3

F 87862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 87862 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Essex Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Nancy Hale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4/9/1939

8. AGE: Years	Months	Days	If less than one day
2	9	28	____ hr. ____ min.

9. Birthplace Takoma Texas (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Geo. L. James L Hale
13. Birthplace Ferndale Texas

MOTHER 14. Maiden Name Ezma J. Higood
15. Birthplace German Texas

16 (a) Informant Ezma J. Higood
(b) Address 1507 Eastern Ave Rd. Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)

(c) Cemetery or crematory
Location Takoma Texas

18 (a) Funeral director James J. Brudzynski
(b) Address 1402 Eastern Ave N. Balto Md

19. Filed JAN 6 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1942, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1942 to Jan. 7 1942, and that I last saw her alive on Jan. 7 1942.

Immediate cause of death Cerebral Edema

Duration

Due to Increased Intra cranial Pressure

Due to Encephalitis

Other Conditions Bilateral Lobar Pneumonia, Enteritis.
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kenneth Lenert M. D.
Address Sinai Hosp. Date signed 1/7/42

F 87863 ✓ F 87863

MA 69728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 320 E. Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna George

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No
4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug. 20, 1915
8. AGE: Years 26 | Months 4 | Days 18 | If less than one day hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: James J. McCrory
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Bertha Lamp
15. Birthplace: Baltimore, Maryland

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Harford Rd. & Bandylepy

18 (a) Funeral director Edgar W. Conkling
(b) Address 9242 E. Eager St.

19 JAN 9 - 1942 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1942 at 2 00/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1941, to 1-8 1942, and that I last saw h[illegible] alive on 1-8 1942.

Immediate cause of death: Chronic myeloid leukemia — Duration: 8 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 1-8-42

VS 3

5

F 87864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 87864 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles + 33 and U
(c) Hospital or institution: Hackleman Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 Woodbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lloyd Robertson (Robinson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1881

8. AGE: Years 60 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md. (city, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Thomas Robertson

13. Birthplace Md

MOTHER 14. Maiden Name Annie Tyson

15. Birthplace Md

16 (a) Informant Margaret Johnson

(b) Address 1406 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 11 (day) 42 (year)

(c) Cemetery or crematory Arbutus

Location

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Preston

19 (a) JAN 9 1942 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1942 8:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Waidelich M.D.
Medical Examiner

Date signed 1/7/42

F 87865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 87865 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Mem.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts - 204 Cf (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas P Stran (Thomas Parremon Stran)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mrs Caroline C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 26-1860
8. AGE: Years 81 | Months 3 | Days 12 | If less than one day — hr. — min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER 12. Name Wm Stran
13. Birthplace Md
MOTHER 14. Maiden Name Ann Schaefer
15. Birthplace Md

16 (a) Informant Wife
(b) Address 3 East 33rd St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-9-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director Stewart & Company
(b) Address 108 W Mount Ave.
19 (a) Jan 9 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to Jan 7 1942.
and that I last saw him alive on Jan 7 1942.

Immediate cause of death Resp Failure — Duration 1-2 hrs
Due to Coronary occlusion — Duration 1-2 yrs
Due to Coronary arteriosclerosis — Duration yrs
Other Conditions — Duration yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Luckett Jr. M. D.
Address Union Memorial Hosp. Date signed 1-7-42

VS 5

F 87866

LA BERGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 87866 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Fulton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Louise Laberge

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles LaBerge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1877

8. AGE: Years 64 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Rauser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. F. Inemer
(b) Address 25 S. Abington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 JAN 9 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1942, at 7:19 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1941 to 1/7 1942, and that I last saw her alive on 1/7 1942.

Immediate cause of death — Duration

Coronary thrombosis — 10 days

Due to

Arteriosclerosis — ?

Due to

Other Conditions

Diabetes mellitus — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Groff

Address W. B. 9th Date signed 1/7/42

Registrar

VS 3

F 87867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31-W

F 87867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ESTELLA MAGDALIN BLEVINS

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 216-10-4414

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: ---? Blevins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1880

8. AGE: Years 61 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Kresge's 5 & 10

FATHER
12. Name August Hillmeyer
13. Birthplace Maryland

MOTHER
14. Maiden Name Alvina Mispelhorn
15. Birthplace Maryland

16 (a) Informant Mrs. Marie Schneider
(b) Address 914 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) (Date rec'd by registrar) JAN 9 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942, to Jan 8 1942, and that I last saw him alive on Jan 7 1942

Immediate cause of death: Miliary tuberculosis Pneumonia — Duration: 3 days

Due to: C.a. Intestine Unknown Nephritis — 1 yr.

Due to: Gall stone — 1 year

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Fa Stearns M. D.
Address 2818 Harford Rd Date signed 1-9-42

F 87868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 87868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1944 Light
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1944 Light St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J. Duvall

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1878

8. AGE: Years	Months	Days	If less than one day
64	8	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Duvall

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name [illegible]

15. Birthplace Baltimore Md

16 (a) Informant Mrs Katie Chamat (Sister)

(b) Address 129 N Glover at

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Brooklyn Md

18 (a) Funeral director William M Maech

(b) Address 715 Light St

19 (a) JAN 9 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942, to Jan 7 1942, and that I last saw alive on Jan 7 1942.

Immediate cause of death

Mitral Regurgitation

Due to Chronic Nephritis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

Several Years

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.

Address 1123 Eutaw St Date signed Jan 9 1942

F 87869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 87869
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 Chapelgate Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Chapelgate Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Elmer Lockard
3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-01-3384

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1868

8. AGE: Years	Months	Days	If less than one day
73	5	21	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Florist
11. Industry or business

FATHER
12. Name John T Lockard
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Sander
15. Birthplace Md

16 (a) Informant Mrs Annie L Lockard
(b) Address 401 Chapelgate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3901 Frederick Rd

18 (a) Funeral director William M Marsch
(b) Address 215 Light St

19 (a) (Date rec'd by registrar) JAN 9 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940 to Jan 7 1942, and that I last saw h alive on Jan 7 1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Arterio-Sclerosis & Hypertension — 2 years
Due to
Other Conditions Cerebral Hemorrhage — May 4 1940
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W Johnson
Address 3432 Dudrick Ave Date signed 1/8/42 (M. D.)

F 87870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-11 F 87870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: New Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belfield Faut Bradshaw

3 (b) If veteran, name war: None.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
male	White	Married

6 (b) Name of husband or wife: Neva A. Bradshaw
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): March 12, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	9	25		

9. Birthplace: Somerset Co. Md. (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Retired

FATHER
12. Name: Aaron Thomas Bradshaw
13. Birthplace: Somerset Co., Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Md.

16 (a) Informant: Josephine Peters
(b) Address: 2925 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 10 1942 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery.
Location: Baltimore - Md.

18 (a) Funeral director: Charles J. Schwab.
(b) Address: 5944 W. Monument St.

19 (a) JAN 9 1942 (Date rec'd by registrar) (b) Huntingtown, Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1942, at 4:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death	Duration
Asphyxiation	
Due to: Illuminating Gas	
Due to	
Other Conditions: Multiple aortic Aneurysms	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence 1-7-42 at 4:45 P. M
(c) Where did injury occur? Alley in rear of 2925 Belmont (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Inhalation of illuminating Gas, by Suicide

23. Signature: Howard J. Weedon M.D. Medical Examiner.
Date signed 1-8-42

VS 6

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Ruhe 6871

F 87871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 G

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6714 Holabird Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6714 Holabird Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

146 G

3 (a) FULL NAME Justine Naper

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Paul Naper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th. 1882

8. AGE: Years	Months	Days	If less than one day
59	7	10	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business ------

FATHER
12. Name August Black
13. Birthplace Germany

MOTHER
14. Maiden Name Mary----------
15. Birthplace Germany

16 (a) Informant Mr. Paul Naper
(b) Address 6714 Holabird Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem Pk
Location Balto. Md.

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St.

19 (a) JAN 9- 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7th. 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Jan 7 1942 and that I last saw h. alive on Jan 7. 1942.

Immediate cause of death Carcinoma of Pancreas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 3 1941.

Major findings of operation: Carcinoma of Pancreas with Metastasis to Gall Bladder and Liver.

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Leiter M.D.
M. D.
Address Dundalk, Md. Date signed 1-9-42

VS 3

F 87872
JM 70853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

F 87872 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Madison, Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Hatchett, Baby Girl (Birth F 41530)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 30, 1941
8. AGE: Years | Months | Days | If less than one day: 16 hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace ? ?

MOTHER
14. Maiden Name Alfreda Hatchett
15. Birthplace Baltimore, Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern, Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-5-42 (month) (day) (year)
3 P.M.
(c) Cemetery or crematory Balto. City Hosp.
Location 4940 Eastern Avenue

18 (a) Funeral director B.C. Hosp.
(b) Address 4940 Eastern Avenue

19 (a) JAN 9 1942 (Date filed by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1941 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1941, to 12/31 1941 and that I last saw her alive on 12/31 1941.

Immediate cause of death Atelectasis
Lobular pneumonia - bilateral
Pleural effusion - right
Duration: 15 hrs.
Cerebral edema
Due to Toxemia of mother
Other Conditions Patent ductus arteriosus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis T. Douglass M.D.
Address 1401 Fort Ave. Date signed 1-8-42

VS 3

F 87873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 87873 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 90 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 N. Calvert (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country ------

3 (a) FULL NAME Thomas W. Leary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary P. Massicot
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) August 21, 1851

8. AGE: Years	Months	Days	If less than one day
90	4	17	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name William Leary
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Smyrk
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret M. Schmidt
(b) Address 4204 Harford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JAN 9 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Jan 7 1942 and that I last saw h-- alive on Jan 7 1942.

Immediate cause of death Myocarditis — Duration 3 mos

Due to ---

Due to Senility

Other Conditions ---

(Include pregnancy within 3 months of death)

Date of operation ---

Major findings of operation No.

of autopsy: ---

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ---

23. Signature Jotham Hall M. D.
Address 62 Hilton St Date signed

VS 8

F 87874
4083854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 87874 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Wyndhurst Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Callery

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James Dawson Callery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-78

8. AGE: Years	Months	Days	If less than one day
63	5	19 20	hr. min.

9. Birthplace VA
(Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name G.L. Welsh
13. Birthplace W.Va

MOTHER
14. Maiden Name [redacted] ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Pittsburgh, Pa.

18 (a) Funeral director H W Meares & Son
(b) Address 805 North Calvert Street

19 (a) JAN 9 1942 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1941 to Jan 8 1942 and that I last saw her alive on Jan 8 1942.

Immediate cause of death	Duration
Bronchialitis	1 day
Due to Bronchial Asthma	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M L Sinclair
Address Johns Hopkins Hosp Date signed 1/10/42

VS 1

F 87875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 E

F 87875 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered—where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N Spring (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roma Knight

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-41

8. AGE: Years	Months	Days	If less than one day
		25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Russell Knight
13. Birthplace Va

MOTHER
14. Maiden Name Catherine Davis
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location G.R. Co

18 (a) Funeral director Payne Sanders
(b) Address 1711 E. Preston St

19 (a) (Date received by registrar) JAN 9 1942 Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-8 1942 at 330 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 7 1942 to JAN 8 1942, and that I last saw her alive on JAN 8 1942.

Immediate cause of death	Duration
Aspiration	
Due to	
Due to	
Other Conditions Prematurity, Malnourishment, dehydration, congenital heart disease (Not to be confused with mode of dying, such as heart failure, asphyxia, or uremia. Within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. H. Richardson Jr M. D.
Address Johns Hopkins Hosp Date signed 1-9-42

V2 3

F 87876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 87876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Belvedere St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Belvedere St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Hill
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-18-1463

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mattie H Hill
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) July 26th 1878
8. AGE: Years 63 62 | Months 3 | Days 10 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John H. Hill
13. Birthplace Va.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Va.

16 (a) Informant Mattie H Hill
(b) Address 1424 Belvedere St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9th 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. a. co. Md.
18 (a) Funeral director Belmont Mamie M. Knight
(b) Address 1218 Mc Elderry St
19 (a) JAN 9 1942 (Date received by registrar) (b) Huntington Williams Mt Cal Chapel

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 750 M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1941 June 6 1942
and that I last saw h— alive on June 6 1942
Immediate cause of death Cardio Renal Disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Eric A. Jolleman M. D.
Date signed June 7 42

VS 3

F 87877

87877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 S. Bouldin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 6 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 S. Bouldin Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME ADOLF SOJKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-9150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1892

8. AGE: Years	Months	Days	If less than one day
49	1	24	hr. min.

9. Birthplace Sedzicow, Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Anthony Sojka
13. Birthplace Sedzicow, Poland

MOTHER
14. Maiden Name Julia Grecka
15. Birthplace Sedzicow, Poland

16 (a) Informant Mrs. Rose Sojka
(b) Address 1006 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director Mr. F. Lubowski Sons
(b) Address 1808 Eastern Ave

19 JAN 9 — 1942 (Date received by registrar) [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to Jan. 1942
and that I last saw h[illegible] alive on Jan 5 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. L[illegible]
Address 601 S. Edward St Date signed 1/9/42

F 87878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 87878 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2228 Fleet St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul J. Strychacz (Birth F24458)
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-22-41
8. AGE: Years 1 | Months 11 | Days 16 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Strychacz
13. Birthplace Md.

MOTHER
14. Maiden Name Theresa Strychacz
15. Birthplace Md.

16 (a) Informant Recardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Rt. Carroll Road

18 (a) Funeral director Mr. F. Sedorski & Son
(b) Address 1808 Gorsuch Ave

19 JAN 9 1942 Registered by Registrar

Huntington Woods Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 8 1942 and that I last saw him alive on Jan 8 1942.

	Duration
Immediate cause of death: Pulmonary collapse	
Due to: Idiopathic thrombocytopenic purpura	10 mos.
Due to:	
Other Conditions: Bronchopneumonia	10 hrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Kilahan M. D.
Address Johns Hopkins Hosp. Date signed 1-8-42

VS 8

87879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87879

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 518 N. Calhoun St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H. Jackson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-05-1156

4. Sex M.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 7/22/17

8. AGE: Years 24 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Track Walker

11. Industry or business B & O. R.R.

FATHER 12. Name Wesley Jackson

13. Birthplace Brunswick Co. Va.

MOTHER 14. Maiden Name Susan Jackson

15. Birthplace Brunswick Co. Va.

16 (a) Informant Katherine Jackson (w)

(b) Address 518 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus, Mem'l. Pk. Location Baltimore, Co. Md.

18 (a) Funeral director Charles S. Ortel

(b) Address 518 N. Calhoun St.

JAN 9 - 1942 (Date rec'd by registrar) Physician for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 19 42 at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 19 41 to 1-5 19 42.

and that I last saw him alive on Jan 6 19 42.

Immediate cause of death

Tuberculous Meningitis — Duration 8 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of autopsy Tuberculous Meningitis, Pleural adhesions & fibrosis — of autopsy Old adhesion between liver & [illegible]

PHYSICIAN

Underline the cause to which death should be charged. Statistician only.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Goodall, Jr. M.D. M. D.

Address Univ. Hosp. Date signed 1-6-42

VS 8

87880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. E 87880

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 S. Morley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 S. Morley St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME GIOVANNI B. CREMONA

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Rosalia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16 1856

8. AGE: Years	Months	Days	If less than one day
85	10	21 22	hr. min.

9. Birthplace Palermo Italy (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Francesco P. Cremona
13. Birthplace Italy

MOTHER
14. Maiden Name Rosalia Barraia
15. Birthplace Italy

16 (a) Informant Frank P. Cremona
(b) Address 2904 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd. Baltimore Md.

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 (a) JAN 9 1942 (Registered by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1941, to 1-7-1942 and that I last saw him alive on 1-7-1942

	Duration
Immediate cause of death Toxemia Chronic nephritis and old age	2 mo.
Due to Carcinoma of prostate	18 mo.
Due to	
Other Conditions Renal arterio sclerosis. Hypertrophy heart	2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Della Noce M. D.
Address Medical Arts Bldg. Date signed

VS 3

F 87881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 163-H

F 87881

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Paul St. - 2nd H. Apt. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry D. Bufe

3 (b) If veteran, name war None

3 (c) Social Security Account No. 494-01-6298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Bufe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21-1892

8. AGE: Years	Months	Days	If less than one day
49	10	17	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER 12. Name Wm Bufe
13. Birthplace Md.

MOTHER 14. Maiden Name Ellen Garrity
15. Birthplace Md.

16 (a) Informant Mrs. Katherine Bufe
(b) Address Granite City Mo

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 10 1942 (month) (day) (year)
(c) Cemetery or crematory
Location St Louis Mo.

18 (a) Funeral director Geo F Beyer Jr
(b) Address 1512 Holland St

19 (a) JAN 9- 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1942; at 10:35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Asphyxiation
Gas emanating from
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-8-42 at A M
(c) Where did injury occur? 1620 N. Paul St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Inhalation of illuminating gas from oven

23. Signature Howard J Amerine M.D. Medical Examiner.

Date signed 1-8-42

VS 6

F 87882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 87882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dob
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET BRYANT

3 (b) If veteran, name war: NC
3 (c) Social Security Account No. DOE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Alton E. Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 24, 1905

8. AGE: Years	Months	Days	If less than one day
36	10	14	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Dorsey Bentall
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Maggie Shields
15. Birthplace: Virginia

16 (a) Informant: Alton E. Bryant
(b) Address: 1203 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Rd.

18 (a) Funeral director: Wilmore Cook
(b) Address: 1217 St. Paul St.

19 (a) (b)

JAN 9 1942

VS

Huntington Williams Building

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1942 at 1 05 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Valvular heart disease — Duration
Due to: Mitral insufficiency
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-8-42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 87883 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1388 E. 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAULINE D WAINWRIGHT

3 (b) If veteran, name war —
3 (c) Social Security Account No. 1 1 2 C

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George W Wainwright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1896

8. AGE: Years 66 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Hudgins
13. Birthplace Va

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Va

16 (a) Informant George D Wainwright
(b) Address 2213 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Baltimore Md

18 (a) Funeral director Wilkens Co
(b) Address 1219 St Paul St

19 (a) Filed (Date received by Registrar) JAN 9 1942 (b) Huntingtown Williams, Md.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-8-42

F 87884 F 87884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 563 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SELBY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Charlotte Windemuth 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7 1868

8. AGE: Years 73 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Welfare Dept
(b) Address 4 Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Baltimore City

18 (a) Funeral director John M Welty
(b) Address 401 S. Chester St

19 JAN 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1942 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1941 to Jan 5 1942 and that I last saw h[illegible] alive on Jan 5 1942

Immediate cause of death: Carcinoma of the spine — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M N Patterson
Address 2324 Resten Rd. Date signed 1/7/42

VS 3

F 87885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 87885 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Alameda
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Alameda (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIE E. MACCUBBIN

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Howard L. Maccubbin
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 8, 1880

8. AGE: Years	Months	Days	If less than one day
61	6	-	___ hr. ___ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Lafayette Schultz
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Louisa Seamonn
15. Birthplace Baltimore, Maryland

16 (a) Informant Howard L. Maccubbin
(b) Address 2705 Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Roy B. Sauerwald Undertaking
(b) Address 118 W. Mt. Royal Ave

19 (a) JAN 9- 1942 (Registered by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Jan 8 1942
and that I last saw her alive on Jan 7. 1942

Immediate cause of death: Apoplexy — Duration 4 days
Due to Arteriosclerosis
cardio-vascular-
Due to renal disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jno. B. Aylett M. D.
Address 802 Hanford Ave Date signed 1-9-42

VS 2

F 87886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No. F 87886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 459 Yale avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 459 Yale avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM ELDER RIDER

3 (b) If veteran, name war -----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Margaret C. Rider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1860

8. AGE: Years	Months	Days	If less than one day
81	10	9	hr. min.

9. Birthplace Waynesboror, Penna. (Town, county, and state)
10. Usual Occupation Retired Police
11. Industry or business

FATHER
12. Name John Rider
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Alsace Lorraine, Germany

16 (a) Informant Mrs. Margaret C. Rider
(b) Address 459 Yale avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. F. Sayre Undertaker
(b) Address 118 W. Mt. Royal Ave.

19 (a) JAN 9 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1942, at 3.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942, to Jan 8 1942 and that I last saw h[illegible] alive on Jan 8 1942

Immediate cause of death
Carcinoma of Head of Pancreas — Duration 6 Mos
Due to Arteriosclerotic Cardiovascular Disease — 7 years
Due to Complete Heart Block
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Calleva M.D. M. D.
Address 3821 Fed. Ave. Date signed 1-9-42

F 87887

BALTIMORE CITY HEALTH DEPARTMENT 46-B F 87887

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 Walnut Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Walnut Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELI L. M. FISHPAW

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lily M. Fishpaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1877

8. AGE: Years 64 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Howardville, Maryland
(Town, county, and state)

10. Usual Occupation Contracting Painter

11. Industry or business Self

FATHER
12. Name John M. Fishpaw
13. Birthplace Howardville, Balto. Co., Md.

MOTHER
14. Maiden Name Annie Hughes
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Lily M. Fishpaw
(b) Address 800 Walnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by reg.) JAN 9 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Jan 7 1942
and that I last saw h alive on Jan 7 1942.

Immediate cause of death
Cachexia
Due to Carcinomatosis of stomach

Duration: 2 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 15, 41

Major findings of operation: Ca of stomach with metastasis

of autopsy:

PHYSICIAN
Underline the one to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Egbert H. Mortimer Jr. M.D.
Address 2708 St Paul St Date signed 1/8/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87888 / 107 — Registered No. F 87888

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3547 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3547 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE D. FREEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1938

8. AGE: Years	Months	Days	If less than one day
3		13/14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Samuel Freeman

13. Birthplace Ill

MOTHER 14. Maiden Name Annie Overby

15. Birthplace N. Carolina

16 (a) Informant Samuel Freeman

(b) Address 3547 Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1947 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn, Md.

18 (a) Funeral director G. Howard Strong

(b) Address 715 Light St.

19 (a) JAN 9 - 1947 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1947 at 1 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death

Pneumonia, lobular

Due to Bronch. catarrhal

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-9-47

V8 6

F 87889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 470 Registered No. F 87889

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Penrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Penrose Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry V. Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary E. Schultz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1851

8. AGE: Years 90 | Months 2 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Iron Worker
11. Industry or business Millers Iron & Safe Co

FATHER
12. Name Harry Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Reinitz
15. Birthplace Germany

16 (a) Informant Miss Grace C. Schultz
(b) Address 2131 Penrose Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director S. Howard Strong
(b) Address 715 Light St.

19 (Date received by registrar) JAN 9 - 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1942 at 9:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942 to Jan 7 1942 and that I last saw him alive on Jan 7 1942

Immediate cause of death
Pneumonia, Lobar
Due to Malignant Plague

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Ley Strong
Address 715 Light St. Date signed Jan. 9, 42 M. D.

87890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

E 87890 Registered No.

Please answer questions 1 to 23 inclusive. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Belnord Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Fanning

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-72

8. AGE: Years 69 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation HW

11. Industry or business

FATHER
12. Name Fredk Plitt
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Warnesnew
15. Birthplace Md

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Balto. Co. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1 E. Lafayette Ave.

19 (a) JAN 9 - 1942 (Date rec'd by registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 5 32 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1942 to 1-8 1942 and that I last saw h[illegible] alive on 1-8 1942.

Immediate cause of death: cerebral hemorrhage — Duration: Hrs.
Due to: suggestanaion — Duration: 5 yrs+
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Huggins, Jr. M.D.
Address Johns Hopkins Hosp. Date signed 1/13/42

VS 3

87891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87891 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. Dudley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Dudley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29th 1872

8. AGE: Years	Months	Days	If less than one day
69	3	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Joseph D. Dudley
13. Birthplace Pa

MOTHER
14. Maiden Name Anna M. Gittings
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Alice Baker
(b) Address 2307 Aiken St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) JAN 9 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at 9.15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of Skull	
Laceration of brain	
Due to Subdural hemorrhage	
Acute alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence 1/6/42 at M
(c) Where did injury occur? 1700 E Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Fell on sidewalk

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/7/42

VS 6

13 Mary 2950

87892 VENNERA DONATA. ✓ 57 F 87892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~300 S. Highland Ave~~
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 S. Highland (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vennera Donata (Birth F 28539)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-41

8. AGE: Years	Months	Days	If less than one day
	7	13	hr. min.

9. Birthplace Maryland (City, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Donato
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Cath Ilacona
15. Birthplace U.S. — Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Boland Road

18 (a) Funeral director Rendell, Klupel
(b) Address 312 S. Highland Ave

19 (a) JAN 9 — 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Jan 7 1942, and that I last saw her alive on Jan 7 1942.

Immediate cause of death ? Duration

Postoperative complication

Due to

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)

Date of operation 1-4-42

Major findings of operation: Hydrocephalus

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Fulcher M. D.
Address John Hopkins Date signed 1-7-42

VS 3

409496
87893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-B ✓ Registered No. F 87893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3809 E. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Cuda (Birth F-25755) ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-41

8. AGE: Years	Months	Days	If less than one day
	9	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Cuda
13. Birthplace N.Y.

MOTHER
14. Maiden Name Sophie Gronwith
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Hamilton Burial
Location Dundalk Ave

18 (a) Funeral director Stephen J. Trathowen Inc
(b) Address 1500 N. Kenwood Ave

19 JAN 10 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 5.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Jan 8 1942 and that I last saw him alive on Jan 4 1942

Immediate cause of death: Influenza Meningitis — Duration: 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anna Fischer M. D.
Address Johns Hopkins Hosp Date signed 1-9-42

VS 1

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

87894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 87894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 Remley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Remley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Yanker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1865

8. AGE: Years 76 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Koop
13. Birthplace germany

MOTHER
14. Maiden Name Annie ?
15. Birthplace Germany

16 (a) Informant Miss Margaret Yanker
(b) Address 3227 Remley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn a.a.co. md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light

19 JAN 10 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 2-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to Jan 9 1942 and that I last saw h[illegible] alive on Jan 7 1942.

Immediate cause of death
Pulmonary Tuberculosis — Duration 6 yr
Due to Arteriosclerosis — 2 yr
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Gutberlet M.D.
Address 1340 Druid Date signed Jan 10 1942

VS 8

F 87895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 87895 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street 1003 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Doyle

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1-1891

8. AGE: Years: 50 | Months: 5 | Days: 7 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name James Doyle.
13. Birthplace New York

MOTHER
14. Maiden Name Catherine Fairety
15. Birthplace Ireland

16 (a) Informant Wm J Doyle.
(b) Address 1917 E. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cemetery
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 10 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Jan. 8 1942, and that I last saw him alive on Jan. 8 1942.

Immediate cause of death: Coronary thrombosis — Duration: 1 hr.
Due to:
Due to:
Other Conditions: Hypertension — 18 mos.
(If female pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature L. E. Nice M. D.
Address 920 St. Paul Date signed 1-9-42

VS 3

F 87896 ✓ F 87896 DW

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2337 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2337 N. Central Ave (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME James A. Harmon ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WW	NONE	Male	White	Married

6 (b) Name of husband or wife Ida M.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 10 - 1855

8. AGE: Years	Months	Days	If less than one day
86 ?	3	28	..... hr. ..... min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Retired Tockesmith
11. Industry or business

FATHER — 12. Name	John W. Harmon
13. Birthplace	Md.
MOTHER — 14. Maiden Name	Rebecca Baker
15. Birthplace	Md.

16 (a) Informant Ida M. Harmon
(b) Address 2337 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 10 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/41 1941 to 1/8 1942 and that I last saw h~~im~~ alive on 1/8/42 19.....

Immediate cause of death Broncho-Pneumonia — Duration 3 days

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Hobson Jamieson M.D.
Address 1304 E Chase Date signed 1/9/42 (M.D.)

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-A F 87897

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E. North Ave 4-5 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Thomazin Yarnall Maynard

If U. S. Veteran specify WAR

(a) Residence: No. 1801 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Egbert T.

6. DATE OF BIRTH (month, day, year): Feb 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Huntington Del

FATHER

13. NAME: John Tower
14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: Elizabeth Bell
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Hattie Vogt 1811 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 1/12 19 42

19. UNDERTAKER: Wilhelm Cook
(Address): 1219 E Lond St

20. FILED: JAN 10 1942 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1941 to Jan 9, 1942

I last saw her alive on Jan 9, 1942 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-28-41
Generalized arteriosclerosis	1930
Hypertension	1938
Uremia	1-8-42

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Pass M. D.

(Address) 4001 Wilkens ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 87898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. F 87898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Thames St. - Rooms 3 & 4 floor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Strange

3 (b) If veteran, name war S.S. W.
3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Medical Board
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 42 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director J. Walter Mays
(b) Address 619 N. Bouldin St

19 (a) JAN 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-1942, at 7 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Lobar Pneumonia	
Traumatic	
Due to	
Due to	
Bronchial atherosclerosis	
Other Conditions Fractured ribs	
Bursting & Torn Aorta Hemorrhage	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-2-42 at 6 M
(c) Where did injury occur? 1718 Thames St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell 14 steps - Inside flights

23. Signature Howard J. Thrasher M.D.
Medical Examiner.
Date signed 1-8-42

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

49674 87899

F 87899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 S. Rose St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Schmeiser (ACHMEISSER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Olga

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-61

8. AGE: Years	Months	Days	If less than one day
80	4	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Schmeiser
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude ?
15. Birthplace Germany

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 12 / 42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O'Donnell St

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 (a) JAN 10 1942 Huntington Williamsburg, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 7 15 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1941 to Jan 8 1942 and that I last saw him alive on Jan 8 1942

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to Arteriosclerotic Cardiovascular-renal disease	
Other Conditions Benign Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: —

of autopsy: Autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Mohr. M.D.
Address Johns Hopkins Hosp. Date signed 1-8-42

Physicians: please write the causes of death clearly and legibly.

VS 8

F 87900 ✓ F 87900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 659 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Gaither

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Berry Gaither
13. Birthplace N. C.

MOTHER
14. Maiden Name Camilla ?
15. Birthplace N. C.

16 (a) Informant daughter & Son, Odell
(b) Address 659 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. J. Cogswell

18 (a) Funeral director A. Hasbrook
(b) Address 659 W. Mulberry St.

19 (a) JAN 10 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1942 at 6:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1942 to 1-8 1942 and that I last saw h[illegible] alive on 1-8 1942

Immediate cause of death	Duration
Pneumonia, meningitis	2 days
Due to Lobar pneumonia (Confirmed)	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Menrus, M.D.
Address [illegible] Date signed 1-8-42

VS 1

F 87901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Ward 6 2149 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA WOLF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Chas.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 4, 1880

8. AGE: Years	Months	Days	If less than one day
61	5	4	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Annie —
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant C. J. Wolf
(b) Address 2149 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 10 1942 (Date Received by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 19 42 at 11 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Cause of death	Duration
Immediate cause of death Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 1-9-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

F 87902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87902 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2056 E. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2056 E. Hoffman St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

867

3 (a) FULL NAME Harry W. Over

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0815

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret A. Over
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23rd 1872

8. AGE: Years	Months	Days	If less than one day
69	9	16	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business American Rope Co.

FATHER
12. Name Anthony Over
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margaret Shamey
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Bredt Grossfeger
(b) Address 3922 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Maryland

18 (a) Funeral director Grossman Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 10 1942 (Date received by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1942 at 12:34 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to Jan. 9 1942 and that I last saw him alive on Jan. 8 1942

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Cardiovascular Disease	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Karl Grossman M. D.
Address 212 N. Patterson Pk. Ave. Date signed

VS 8

F 87903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 87903 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 W. Hoffman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul T. Bernard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1894

8. AGE: Years	Months	Days	If less than one day
47 48	6	0	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert L. Bernard
13. Birthplace Penna

MOTHER
14. Maiden Name Marcha D
15. Birthplace Baltimore

16 (a) Informant Ruth Bernard Jones
(b) Address 2756 8th ave N.Y.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Elm
Location A. A Co

18 (a) Funeral director Rayner Sanders
(b) Address 1413 E. Preston St

19 JAN 10 1942 (Date rec'd by registrar) Huntington Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 7 - 1942 at 4:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Cerebral Hemorrhage Hypertension
of Medulla.
Due to
Due to Hemiplegia with 4 yrs. Contracture
Other Conditions Bronchopneumonia:
Hyp. & Ost. of Head:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-8-42

VS 6

F 87904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B Registered No. F 87904

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 N. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 603 N. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Lincoln Keene

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna J. Keene
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 4, 1867

8. AGE: Years 74 | Months 6 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Dorchester County Md (Town, county, and state)
10. Usual Occupation Laborer (Unemployed)
11. Industry or business

FATHER
12. Name John Keene
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Agnes Kinder (Daughter)
(b) Address 1526 E. Monument St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Young
(b) Address 804 N. Carrollton Ave.
19 (a) (Date received by Registrar) JAN 10 1942 Huntington Milligan, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1942 at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Jan 5 1942 and that I last saw him alive on Jan 5 1942.

Immediate cause of death: Mitral Regurgitation and Pulmonary Edema — Duration 1 yr 1 day
Due to:
Due to:
Other Conditions: Hypertension - Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1429 E. Monument St. Date signed 1/7/42

VS 3

F 87905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 87905 Registered No.

The items on this certificate are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIE HUBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Hubert Huber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1903

8. AGE: Years	Months	Days	If less than one day
38	6	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Cole
13. Birthplace ?

MOTHER
14. Maiden Name Margaret Bamberger
15. Birthplace ?

16 (a) Informant Hubert Huber
(b) Address 1631 Montford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto

18 (a) Funeral director John C. Miller Inc.
(b) Address 2427 E. Oliver St

19 (a) JAN 10 1942 (Date rec'd by registrar) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8, 1942, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular disease.	
Due to	
Due to	
Other Conditions ks (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations: ks
of autopsy: ks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolfenmeyer M.D. Medical Examiner.
Date signed 1-9-42

VS 6

F 87906 ✓ F 87906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] Saville Apts (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Gus E White
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah White
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-3-56

8. AGE: Years	Months	Days	If less than one day
85	3	5	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Isaac White
13. Birthplace Bohemia

MOTHER
14. Maiden Name Esther Bergman
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/42 (month) (day) (year)
(c) Cemetery or crematory Chet Shalom
Location Davis. Md.

18 (a) Funeral director David Lemmon & Son
(b) Address 19 E. Eutaw Place

19 (a) JAN 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1942, at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 3 1942, to JAN 8 1942, and that I last saw him alive on JAN 8 1942.

Immediate cause of death Coronary Thrombosis — Duration 5 days
Due to Arteriosclerotic Heart Disease — ?
Other Conditions

(Include pregnancy within three months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature] M.D.
Address Johns Hopkins Hospital Date signed 1/8/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

40941 52907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 87907 Registered No.

Please answer questions in ink. Information must be carefully supplied. The space for age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4823 Pennington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Trimpe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie E.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 8-7-83

8. AGE: Years	Months	Days	If less than one day
58	65	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Trimpe
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Pender
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13. 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) JAN 10 1942 (b) Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 9 1942 at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 6 1942 to JAN 9 1942, and that I last saw HIM alive on JAN 9 1942

Immediate cause of death Myocardial Insufficiency
Palsy, Embolism

Due to

Due to Palsy, Johns Hopkins
" Emphysema

Other Conditions Thrombosis aorta
Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George W. Thomas M. D.
Address Johns Hopkins Hospital Date signed 1/9/42

VS 1

87908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 ✓ Registered No. E-87908

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 W. Lexington St (If rural give location)
(e) Outside of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME AUSTIN E ARRINGTON

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 16 1862

8. AGE: Years	Months	Days	If less than one day
79	9	23 22 hr.	— min.

9. Birthplace Carroll County Md (Town, county, and state)
10. Usual Occupation Mail Carrier-Retired
11. Industry or business U. S. A.

FATHER
12. Name Austin E. Arrington
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Hirsch
15. Birthplace Maryland

16 (a) Informant Mrs. Mary C. Arrington
(b) Address 1835 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director A. B. Wippert & Sons
(b) Address 1300 Eutaw Pl

19 (a) JAN 10 1942 (Registrar's signature) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1942, at 2P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 1-8-42

VS 6

Please answer every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 87909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 87909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Monroe St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George B. Woods

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1864

8. AGE: Years	Months	Days	If less than one day
77	4	15/16	hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business

FATHER
12. Name William M. Woods.
13. Birthplace Lancaster. Pa.

MOTHER
14. Maiden Name Emma D. Dargan
15. Birthplace Baltimore city

16 (a) Informant Mrs Mary E Woods
(b) Address 620 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore city

18 (a) Funeral director J. B. Shepherd & Son
(b) Address 1300 Eutaw Place

19 JAN 10 1942 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1942; at 10:05 AM

22. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 1/9 1942 and that I last saw h.i.m. alive on 1/9 1942.

Immediate cause of death Cardiac failure
Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last. Paralysis from Dorsal Fracture
Due to Probably Cord extremities

Due to

Other Conditions Bed sores - Hemorrhage in Meninges.
(Include pregnancy within 3 months of death)

Date of operation 1/5/42

Major findings of operation: Laminectomy, fractured spinal process & spinal cord. Examination of autopsy: Confirms cardiac failure & [illegible]

Duration 4 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Mitchell M.D.
Address Md. Gen. Hosp. Date signed 1/9/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-B

Registered No. F 87910

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution: U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 7½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Millstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Lb
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Hugestas Nagle

3 (b) If veteran, name war

3 (c) Social Security Account No. 152-09-1957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Ethel S. Revington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1868

8. AGE: Years	Months	Days	If less than one day
53	5	29	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name John V. Nagle
13. Birthplace New Jersey

MOTHER
14. Maiden Name Emma Brown
15. Birthplace New Jersey

16 (a) Informant Records-U.S. Marine Hospital
(b) Address Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location New Jersey

18 (a) Funeral director A. R. Feeley Sloade
(b) Address 4907 York Road

19 (a) Filed JAN 10 1942 (b) Registrar's signature H. Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1942, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1941, to Jan. 9 1942, and that I last saw him alive on Jan. 9 1942.

Immediate cause of death	Duration
Cardiac infarction	3 weeks
Due to Coronary Arteriosclerosis	unknown
Due to	
Other Conditions Pleural effusion, rt.	ovm

(Include pregnancy within 3 months of death)
Date of operation 7-14; 7-28; 11-26; 12-9; 12-21; 12-24
Major findings of operation: Aspiration of opalescent yellow fluid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. M. Anderson, Surgeon U.S.N. M. D.
Address Baltimore, Md. Date signed 1/10/42

VS 3

87911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 87911 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 James St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth Arscott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Geo F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1873

8. AGE: Years	Months	Days	If less than one day
68	2	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jesse Sweeney
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Woolf
15. Birthplace Maryland

16 (a) Informant Geo F. Arscott
(b) Address 1513 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Forestville Md

18 (a) Funeral director Edward Soulsby
(b) Address 2305 Greenmount Blvd

19 JAN 10 1942 Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Jan 9 1942 and that I last saw h alive on Jan 9 1942

Immediate cause of death	Duration
Bronchopneumonia	
Diabetic Gangrene	
Due to Diabetes Mellitus	
arteriosclerotic Cardiac	
Due to Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R J. Coffman

Address Md. Gen. Hosp Date signed 1/9/42 M. D.

VS 3

F 87912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a Registered No. E 87912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) UNK.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1520 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marsha Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced W. Dow.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. - 1887

8. AGE: Years 54 Months 1 Days If less than one day hr. min.

9. Birthplace Halifax, Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Louis Johnson

13. Birthplace Va.

MOTHER 14. Maiden Name Ida Johnson

15. Birthplace Va

16 (a) Informant Pearl Lee

(b) Address 1520 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem Co Inc

Location A & A Co Inc

18 (a) Funeral director Robert E Lyric

(b) Address 1518 McCulloh St

JAN 10 1942 (Date rec'd by Registrar) (b) Washington Williamson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 9 1942, at 1. A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1942 to 1-9 1942 and that I last saw her alive on 1-8 1942

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	UNK.
Due to	
Due to	
Other Conditions Aortic insufficiency (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.

Address 1520 E. Madison St Date signed

Rayner Brown M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87913 ✓ F 87913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Milburn

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife Alexander Milburn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69	?	?	hr. min.

9. Birthplace St Marys Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Mary Jones
(b) Address 909 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Elgar

18 (a) Funeral director Ernest E. Bohrman
(b) Address Dameron, Md.

19 (c) JAN 11 1942 (Date filed by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1942, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Jan 1942, and that I last saw h[illegible] alive on 1/3 1942.

Immediate cause of death	Duration
Chr. Myocarditis	1940
Due to	
Due to Chr. Nephritis	1941
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin B. LeCompte M.D.
Address 1113 4 Cavalier St Date signed 1/10

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87914 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 11 DAYS.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County Mecklenburg
(c) City or town Charlotte (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MRS. HELEN PARKER WHEDON

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	XXXXX ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	DIVORCED

6 (b) Name of husband or wife Spencer Wedon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27th, 1908

8. AGE: Years	Months	Days	If less than one day
33 43	4	13	hr. min.

9. Birthplace Charlotte, N.C. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Grinnell Co.

FATHER
12. Name Charles W. Parker
13. Birthplace New London, N.C.

MOTHER
14. Maiden Name Louise Anthony
15. Birthplace Richmond, Va.

16 (a) Informant Miriam P. Conway
(b) Address 901 Central Ave., Charlotte, N.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Charlotte, N.C.

18 (a) Funeral director William Clark
(b) Address 1217 St. Paul St.

19 (a) JAN 11 1942 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1942, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1941, to Jan. 10, 1942, and that I last saw her alive on Jan. 10, 1942

Immediate cause of death	Duration
COLON PERITONITIS, GENERALIZED.	5 days
Due to BREAK OF SUTURE LINE	5 days
Due to RESECTION FOR CARCINOMA OF LARGE BOWEL.	Approx 1 yr.
Other Conditions BRONCHOPNEUMONIA	10 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: CARCINOMA AT SIGMOID FLEXURE OF COLON
of autopsy: GENERALIZED PERITONITIS.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 1-10-42 M. D.

F 87915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-W

F 87915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ROLAND TERRACE WAGENA (If outside city or town limits, write RURAL and give town)
(d) Street No. Edmondson St. near Wagena Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Oscar Ambrosman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/1941

8. AGE: Years | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Parkton Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John Oscar Ambrosman

13. Birthplace Penn Md

MOTHER 14. Maiden Name Hazel Edwards

15. Birthplace Shippensburg Pa

16 (a) Informant J O Ambrosman

(b) Address Hanoverstown Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 12 1942 (month) (day) (year)

(c) Cemetery or crematory Hanoverstown Pa

Location Hanoverstown Pa

18 (a) Funeral director H Howard Hess

(b) Address Jacobus Pa

19 (a) Jan 11 1942 (Date received by registrar) (b) Huntington White Residence W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute enteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Vandegrift M.D. Medical Examiner.

Date signed 1/10/42

VS 6

Please supply information requested. Information should be carefully supplied. The accuracy is very important. Physicians: please write the causes of death clearly and legibly.

F 87916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 87916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 1507 N. Stricker
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) ca 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street address 1507 N. Stricker (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Annie McCullah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Widow

6 (b) Name of husband or wife Mack Mc Cullah

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47 yrs	1895			

9. Birthplace Mt Holly N. C (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Frank Lineberger
13. Birthplace Mt Holly N C

MOTHER
14. Maiden Name Jennie Davis
15. Birthplace Charlotte N C

16 (a) Informant Lela Cash
(b) Address 1300 Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pleasant

19 JAN 11 1942 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9- 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1941, to Jan 9- 1942 and that I last saw h.er alive on Jan 9 1942.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension; Hemiplegia (Rt)
Due to
Other Conditions Acute Bronchitis

Duration: 3 dys

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Boykin M.D.
Address Jan 10-42 1312 Stricker Date signed

VE 3

This certificate should be carefully filled out. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87917
409588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F87917

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DY.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 E Ostend (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna N. Schley

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-6120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-20

8. AGE: Years	Months	Days	If less than one day
21	7	15	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Nurse-~~Maid~~ Packer

11. Industry or business

FATHER
12. Name William Schley
13. Birthplace ~~Md~~ Loray, Va

MOTHER
14. Maiden Name Dehlia Storey
15. Birthplace ~~Md~~ Washington D.C.

16 (a) Informant Dehlia ~~Records~~ Schley
(b) Address 119 E. Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 13 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Blvd.

18 (a) Funeral director Howard N. Blight Jr
(b) Address 4914 Belair Road.

19 (a) JAN 11 1942 (Signature) Hunter Harrison Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 9 1942 at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 8 1942 to JAN 9 1942 and that I last saw h~~e~~r alive on JAN 9 1942.

Immediate cause of death MENINGOCOCCAL MENINGITIS — Duration 6 DAYS.

Due to

Due to

Other Conditions DEHYDRATION

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C. Crumley Jr.

Address Johns Hopkins Hospital Date signed 1/9/42.

F 87918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 87918

1. PLACE OF DEATH: 3333 Alto Road
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 Alto Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Katz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1904

8. AGE: Years: 37 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Hungary (Town, county, and state)

10. Usual Occupation:

11. Industry or business: House Work

FATHER
12. Name: Stephen Koles
13. Birthplace: Hungary

MOTHER
14. Maiden Name: Julia ?
15. Birthplace: Hungary

16 (a) Informant: Fred Katz
(b) Address: 3333 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 12, 1942 (month) (day) (year)
(c) Cemetery or crematory: Workmen Circle Cemetery
Location: German Hill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave

19 JAN 11 1942 (Date received by registrar) (b) Huntington Ave Registrar

MEDICAL CERTIFICATION

12.0 2

20. DATE OF DEATH Jan 10, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1x 19 3x to 1/10 19 4x, and that I last saw h.m alive on 1/9 19 4x

Immediate cause of death: General Carcinomatosis — Duration: 1 year

Due to Carcinoma of Sigmoid — Duration: 2 Years

Due to — Duration: own

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2320 Eutaw Pl Date signed 1/10/42

VS 8

F 87919 ✓ F 87919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 8779

Please answer all questions in ink. Your information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Canada

3 (a) FULL NAME Peter J. Avery ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6134

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June Dec. 26-1881

8. AGE: Years 59 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Brakeman B. & O. R. R.

11. Industry or business

FATHER 12. Name Avery

13. Birthplace Canada

MOTHER 14. Maiden Name Unknown

15. Birthplace Canada

16 (a) Informant George A. Avery

(b) Address 61 Custer Clifton P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-1942 (month) (day) (year)

(c) Cemetery or crematory Int. Direct

Location Baltimore Md.

18 (a) Funeral director George F. Lehmant

(b) Address 2101 Frederick Ave.

19 (a) JAN 11 1942 (b) Registered by Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1926 to 1/9 1942, and that I last saw h[illegible] alive on 1/9 1942.

Immediate cause of death: Broncho-pneumonia — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward O. Kaelin

Address 2116 W. Pratt St Date signed 1/9/42

F 87920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a

F 87920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Dumter Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Dumter Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Louis Lindenbaum (Birth F 39873)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: 0
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1-1941

8. AGE: Years | Months: 1 | Days: 9 | If less than one day: hr. min.

9. Birthplace Balto., Md
(City, county, and state)

10. Usual Occupation child
11. Industry or business

FATHER
12. Name Albert Lindenbaum
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Irene Sacks
15. Birthplace Balto., Md

16 (a) Informant Albert Lindenbaum
(b) Address 3112 Dumter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Memorial Park
Location Lorraine

18 (a) Funeral director Sagel Levin Inc
(b) Address 1439 E. Balto. St

19 JAN 11 1942 (Date filed by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10-42 11 A.M. to 1-10-42 - 1 P.M. 19..., and that I last saw h[illegible] alive on 19...

Immediate cause of death
Suffocation — Duration
Due to Suffocated in bed
Due to Food in mouth
Other Conditions Acute Bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel S. Glick M.D.
Address 1 Hamm[illegible] & Madeira Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 87921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 87921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Lucille ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Lucille ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME William Fishman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Jeweler
11. Industry or business

FATHER
12. Name Lazer Fishman
13. Birthplace Russia

MOTHER
14. Maiden Name Malka Fishman
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-42 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Beth Tefelo Herut
Location Rosedale

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto st

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1942, at 11:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1925 to 1/10 1942 and that I last saw him alive on 1/9 1942

Immediate cause of death	Duration between onset and death
a Acute Cardiac dilatation	
Due to Coronary thrombosis	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. C Feldman
Address 1440 E Balto st Date signed 1/11/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The ~~undertaker will be prosecuted for not~~ reporting INK.

F 87822 HEALTH DEPARTMENT—CITY OF BALTIMORE F 87822

CERTIFICATE OF DEATH

131-W 8 1922

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1616 Argyle a St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa Carter

If U. S. Veteran specify WAR

(a) Residence: No. 1616 Argyle Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) December 31, 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	--	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falston, Harford Co. Md.

FATHER

13. NAME Isaih Johnson

14. BIRTHPLACE (city or town) (State or country) Long Green Maryland

MOTHER

15. MAIDEN NAME Emaline Jackson

16. BIRTHPLACE (city or town) (State or country) Falston Harford Co. Md.

17. INFORMANT S. Mason Carter
(Address) 1616 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Arbutus Mem. Pk. Date 1/11/1942

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave.

20. FILED JAN 11 1942 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1941 to Jan 7 1942

I last saw h[illegible] alive on Jan 7, 1942 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. L. Mogallen M. D.

(Address) 1220 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 87923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 87923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 W. Lafayette Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Sarah Ann Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1868

8. AGE: Years	Months	Days	If less than one day
73	6	18	hr. min.

9. Birthplace Reisterstown, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Ross
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Elena Madden
15. Birthplace Reisterstown, Md.

16 (a) Informant Albert Stewart
(b) Address 1312 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/42. (month) (day) (year)
(c) Cemetery or crematory St. Luke
Location Reisterstown, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JAN 11 1942 (Date received by Registrar) (b) Huntingtown Md. Register, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7. 1942. at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1941 to Jan. 7, 1942 and that I last saw her alive on Jan 5 1942

Immediate cause of death Cerebral Hemorrhage, Duration 5 days

Due to

Due to

Other Conditions Arteriosclerosis Chronic Kidney

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. White M. D.

Address 723 Georges Date signed 1-10-42

F 87824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 87824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Kentucky Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Janisek

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Barbara Janisek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1881

8. AGE: Years	Months	Days	If less than one day
60 61	5		hr. min.

9. Birthplace Europe - Austria (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Pittsburgh Bros

FATHER
12. Name Carl Janisek
13. Birthplace Austria

MOTHER
14. Maiden Name
15. Birthplace Austria

16 (a) Informant Stanley V. Sandera
(b) Address 3019 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos. J. Herr & Son
(b) Address 3001 Kentucky ave

19 Filed JAN 11 1942 Huntington Williams (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death: Coronary Thrombosis — Duration
Due to: Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Bonn M. D.
Address Date signed

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 87925 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Louise M Cook

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James J Cook

6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1887

8. AGE: Years 54 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Asbury Park N J (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Cobz
13. Birthplace N J

MOTHER
14. Maiden Name Alice J Waters
15. Birthplace Bethlehem Pa

16 (a) Informant James J Cook
(b) Address 1221 W Fayette St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 E Fort Ave

19 (a) JAN 11 1942 (Date received) Register

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1942 to Jan 9 1942 and that I last saw h[illegible] alive on Jan 8 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	1 day
Due to Arteriosclerosis	?
Due to	
Other Conditions Coronary Thrombosis	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy undetermined as yet

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L Zatis
Address Franklin Square Hospital Date signed Jan 10 '42 M. D.

VS 2

F 87926

MA 4265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 87926

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 W. Baltimore Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John O'Keefe

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/13/1867

8. AGE: Years	Months	Days	If less than one day
74	2	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Laura Scarf
15. Birthplace Baltimore, Maryland

16 (a) Informant U. S. U. S. Records
(b) Address

17 (a) Burial (cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Hilton Co
(b) Address 1217 E Pratt St

19 (a) Filed JAN 13 1942 (Date received by Registrar) (b) Registrar Hilton Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 19 42, at 4 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/42 19 42 to 1/7 19 42, and that I last saw h.im alive on 1/7 19 42.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions Hypertension & Psoriasis	7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 1/9/42

Please write age if apparently important. Physicians: please write the causes of death clearly and legibly.

F 87927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registrar's No. F 87927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fosbrink

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 4185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Barbara A Fosbrink
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	7	27		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name George G Fosbrink
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Shabondt
15. Birthplace Germany

16 (a) Informant Barbara A Fosbrink
(b) Address Balto Highlands Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Cook
(b) Address 1247 W Lord St Huntington Williams, Md

19 (a) JAN 11 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 3P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Sepsis	
Due to Lobular pneumonia	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Sandegraff M.D. Medical Examiner
Date signed 1/10/42

VS 6

F 87928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 87928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 S.CONKLING ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S.CONKLING ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY B. FLURY

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife MATTHIAS FLURY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV.2 1874

8. AGE: Years 67 Months 2 Days 6 If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name THOMAS LAMBDIN
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name HELEN TAYLOR
15. Birthplace BALTO.MD.

16 (a) Informant MATTHIAS FLURY (SON)
(b) Address 605 S.GRUNDY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN.12/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL RD.

18 (a) Funeral director Lilly & Lambdin
(b) Address 403 S.WOLFE ST.

19 (a) JAN 11 1942 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JAN. 8 1942 5/20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/41 19 to 1/8/ 1942 and that I last saw h[illegible] alive on 1/6/42 19

Immediate cause of death	Duration
Diabetes Mellitus	2 yrs
Due to	
Due to	
Other Conditions Diabetes Gangrene Leg	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Fennemann M.D.

Address 2913 E Balto St Date signed 1/8/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. B 87929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 S.ANN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S.ANN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE SENSENEY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife JACOB SENSENEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN.31 1866

8. AGE: Years 75 Months 11 Days 9 If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name FRANK DOTTERWEICH
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant CATHERINE RICHTER (DAUGHTER)
(b) Address 705 N.CURLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN.13/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S.WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 9 1942 at 7/50 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Jan 9 1942.
and that I last saw h.e alive on Jan 8 1942.

Immediate cause of death: Coronary occlusion — Duration: about

Due to: Coronary thrombosis ? Chr Arteio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas L Heming MD

Address 2002 E Baltimore Date signed 1/10/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 South Clinton St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME James O'Connor

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1896

8. AGE: Years	Months	Days	If less than one day
45	11	30	hr. min.

9. Birthplace Baltimore Maryland (town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name John O'Connor
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Cunningham
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Jno O'Connor
(b) Address 1100 S. Clinton St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 13/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director Lilly & Enderlein
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by Local Reg.) JAN 11 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9, 1942 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1942 to Jan 9, 1942 and that I last saw him alive on Jan 9, 1942

Immediate cause of death: Bilateral Bronchopneumonia
Cardiac Failure
Duration 6 days

Due to

Due to

Other Conditions Hypertensive Cardio Vascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration — Usual — years

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. DeVincentis M. D.
Address Mercy Hospital Date signed 1-9-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

F 87931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-P

F 87931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Av
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Guilford Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Margaret E. Smith

3 (b) If veteran, name war: ____ | 3 (c) Social Security Account No.: ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 14, 1927

8. AGE: Years	Months	Days	If less than one day
14	6 7	25	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School-Girl
11. Industry or business

FATHER
12. Name Thomas H. Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bessie V. Barner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Thomas Smith
(b) Address 1602 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Govans, Baltimore, Md.

18 (a) Funeral director E. R. Amoss
(b) Address 1003 W. Baltimore St.

19 JAN 11 1942 (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 - 1942 at 8.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1942 to Jan 9 1942 and that I last saw her alive on Jan. 9 1942.

Immediate cause of death Pulmonary Embolism

Due to Auricular Fibrillation

Due to Rheumatic Cardio Vascular Disease & Mitral Stenosis & Aortic Reg.

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature K. Kennedy Le Count M. D.
Address Sinai Hosp. Date signed 1/10/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/22-P F 87932

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street: 2650 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Minnie G. Griffith

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 4, 1877

8. AGE: Years	Months	Days	If less than one day
64	1	5	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER
12. Name: John J. Griffith
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Emma Ferris
15. Birthplace: Maryland

16 (a) Informant: Mrs. Irene C. Griffith
(b) Address: 2650 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mont Cathedral Cem.
Location: Baltimore, Md.

18 (a) Funeral director: M. Amorose
(b) Address: 1000 E. Baltimore St.

19 JAN 11 1942 (b) Registrar for Wilmore, M.D.
(Month, day, year received)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/7 1942, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1941, to 1/9 1942 and that I last saw h[illegible] alive on 1/9 1942.

Immediate cause of death: Acute general peritonitis

Due to: Obstructive adhesions and perforation.

Due to: Post operative adhesions

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 12/24/41

Major findings of operation: Obstruction + adhesions

of autopsy: peritonitis + adhesions.

Duration: 4-5 days; 1 month; 4-5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: R. M. Cunningham

Address: University Hospital Date signed: 1-9-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

Registered No. F 87933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 Lerman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 Lerman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Constance Garrett

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/26

8. AGE: Years	Months	Days	If less than one day
15	5	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Lloyd Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Garrett
15. Birthplace Baltimore, Md.

16 (a) Informant Elizabeth Garrett (M)
(b) Address 1835 Lerman St,

17 (a) Burial (b) Date thereof 1/11/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th, 1942, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1942 to Jan 7 1942
and that I last saw h alive on Jan 7 1942

Immediate cause of death

	Duration
Cardiac Failure.	2 hrs.
Due to Bronchio Pneumonia	1/1-1/7.42
Due to Influenza	Dec 26-41
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature William H Wright M. D.
Address 1009 Preston ave Date signed 1/9-42

JAN 11 1942

F 87934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87934 Registered No.

Please write plainly and use ink. Be sure that every item is answered. Do not leave any blanks. Use terms of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 0 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Clarkson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kempel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-6466

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Melvina Kempel
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 30-1880

8. AGE: Years	Months	Days	If less than one day
61 62	0	9 8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Wkr
11. Industry or business Retail Grocery

FATHER
12. Name William Kempel
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Katherine Printz
15. Birthplace Baltimore Md

16 (a) Informant Melvina S. Kempel
(b) Address 1509 Clarkson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd & R. Co

18 (a) Funeral director William F. Porter
(b) Address 2836 W. North ave

19 JAN 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1942 to 1/8 1942, and that I last saw h alive on 1/6 1942.

Immediate cause of death	Duration
Acute heart failure	
Due to Arteriosclerotic cardio-vascular disease	4 years
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein, M.D.
Address South Baltimore Gen. Hosp. Date signed 1/8/42

VS 3

F 87935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 87935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive, Balt
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Riverside Ave (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Thomas Ryan

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-10-8596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	married

6 (b) Name of husband or wife (Elmira Dixon) Ryan
6 (c) If alive, give age 7. years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1898

8. AGE: Years	Months	Days	If less than one day
43	3	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation acid worker ?
11. Industry or business

FATHER
12. Name John Ryan
13. Birthplace Me ?

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant R T Ryan
(b) Address 1220 Riverside ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 42 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director C. Walter Mayo
(b) Address 614 N. Bouldin St.

19 (a) JAN 11 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1941 to Jan 9 1942 and that I last saw h[illegible] alive on Jan 9 1942

Immediate cause of death Terminal Bronchopneumonia — Duration 2 da.
Due to Scleroderma — 4 yrs
Due to
Other Conditions Chronic Myocarditis — 2 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R B H Anderson / R Dunnem M. D.
Address U.S. Marine Hosp. Balt. Date signed 1/10/42

F 87936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-a

F 87936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 N. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace L. Jeffers.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John A Jeffers. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17 1876

8. AGE: Years	Months	Days	If less than one day
65.		23	2 hr. min.

9. Birthplace Carroll Co. Md. (Town, county and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name John W. Frank
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mamie Burgoyne
15. Birthplace Louisiana

16 (a) Informant John A. Jeffers
(b) Address 1610 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Baltimore

18 (a) Funeral director Mamie Cook Byer
(b) Address 1600 W. North Ave.

19 (a) (Informant's or registrar's) (b) Registered Jan 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9. 1942, at 4-00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2' 1942, to Jan 9th 1942, and that I last saw h[illegible] alive on Jan 9 1942.

Immediate cause of death: Cardiac Asthenia — Duration 3 days
Due to Bronchopneumonia — 4 days
Due to Aortic and Mitral Stenosis
Other Conditions Healing of abscess and goiter — Years
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Herbert L. Zapf M. D.
Address 2048 N. Weber Date signed 1/10/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 11 1942

F 87937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B 87937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Sidney Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Sidney ave (If rural give location)
Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Robert Van Skiver

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16556 1

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19-1869

8. AGE: Years 72 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Glass Bevelling

FATHER 12. Name Robert Van Skiver

13. Birthplace Pa.

MOTHER 14. Maiden Name Hester Morgan

15. Birthplace Md

16 (a) Informant Mrs. Chas. Frisch

(b) Address 2223 Sidney ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto. Md.

18 (a) Funeral director Geo. H. Langdon

(b) Address 525 N. Fayette St

19 (a) JAN 11 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7, 1942 to Jan 7 1942 and that I last saw h. alive on Jan 7 1942

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Peterfeld M.D.

Address 1301 Arunah Date signed Jan 9, 1942

Physicians: please write the causes of death clearly and legibly. Answer age if especially important.

F 87938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

F 87938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 McKean Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 McKean Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET CECILIA DONAHUE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter S. Donahue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 17, 1878

8. AGE: Years 63 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace: Allegheny Co., Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Samuel Watson
13. Birthplace: England

MOTHER
14. Maiden Name: Margaret Holmes
15. Birthplace: Scotland

16 (a) Informant: Peter S. Donahue
(b) Address: 1130 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 JAN 11 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1942, at 12:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 1 1940 to JAN. 10 1942 and that I last saw her alive on JAN 9 1942

Immediate cause of death: CARDIAC FAILURE — Duration: 4 MO.

Due to THYROTOXICOSIS — 2 YRS.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Klemmer M. D.
Address 110 1 N. Fulton Ave Date signed 1/10/42

VS 3

F 87939

F 87939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Clydesdale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Clydesdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alva T. Grover

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-0360

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie P. Grover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1880

8. AGE: Years	Months	Days	If less than one day
61	5	9	hr. min.

9. Birthplace Rochester N.Y. (Town, county and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Geo. M. Grover
13. Birthplace N.Y.

MOTHER
14. Maiden Name Rachael Pearce
15. Birthplace N.Y.

16 (a) Informant Mrs. Carrie Grover
(b) Address 4402 Clydesdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem
Location Hampden Balto Md

18 (a) Funeral director Geo L Boyer Jr
(b) Address 1512 Holland St

JAN 12 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Jan 9th 1942 and that I last saw h[illegible] alive on Jan 9th 1942

Immediate cause of death	Duration
Carcinoma of Larynx.	3-Yrs.
Due to Generalized Metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence J Slusmark M.D.
M. D.
Address 3711 Falls Rd Date signed 1-11-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-N Registered No.

F 87940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Arabia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hubbard (Birth F 4-499)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1942

8. AGE: Years | Months | Days: 2 days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Worthington Hubbard
13. Birthplace Balto Md

MOTHER
14. Maiden Name Irene E. Elgart
15. Birthplace Balto Md

16 (a) Informant Worthington Hubbard
(b) Address 4502 arabia ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd

19 (a) JAN 12 1942 (Date filed by Registrar) Huntington Willgruss, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1942 to Jan 11 1942 and that I last saw h[illegible] alive on Jan 11 1942

Immediate cause of death: Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Lynarek Jr.
Address St. Joseph's Hosp Date signed 1-13-42 M. D.

VS 3

Correct ICD is especially important. Physicians: please write the causes of death clearly and legibly. The

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87941 Registered No.

F 87941

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 N. Strother Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 13, 1940

8. AGE: Years 1 | Months 4/5 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Major Bailey
13. Birthplace Texas

MOTHER
14. Maiden Name Agnes Smith
15. Birthplace Va.

16 (a) Informant Agnes Bailey (M)
(b) Address 1704 Woodyard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1082 W Montgomery St

19 (a) Date received by Local Registrar JAN 12 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1942 at 10:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Broncho-pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Howerton M.D.
Medical Examiner.
Date signed 1-8-42

87942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-N

Registered No. F 87942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Thompson (Birth F 41960)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/41

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Joseph Dingle
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Hazel Thompson
15. Birthplace Hamlet, N. Car.

16 (a) Informant Hazel Thompson
(b) Address 125 Pearl St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1941, at 8:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23-1941 to 12-24-1941, and that I last saw her alive on 12-24-1941.

Immediate cause of death: Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Atelectasis, cardiac dilatation

PHYSICIAN

Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller M.D.
Address Univ. Hosp. Date signed 1-7-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

4306

87943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161-C

Registered No. F 87943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? Colored (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Dixon (Birth F-41984)

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1941

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Thomas Dixon
13. Birthplace Winnsboro, S. Car.

MOTHER
14. Maiden Name Adline Bradley
15. Birthplace Winnsboro, S. Car.

16 (a) Informant Adline Dixon
(b) Address 102 N. Calhoun St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3, 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31-1941, to 1-3-1942, and that I last saw him alive on 1-3-1942.

Immediate cause of death: Hemorrhage Lesions of Newborn
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Miller, M. D.
Address Univ. Hosp. Date signed 1-7-42

VS 8

6306

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

87944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 87944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Highland (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Myers "A"
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/1/42
8. AGE: Years | Months 1 | Days | If less than one day 1 hr. min.
9. Birthplace Highland Howard Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name William Myers
13. Birthplace Md.
14. Maiden Name Mildred Wilson
15. Birthplace Md.

16 (a) Informant Father
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) JAN 12 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1942, at 3:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1942, to 1-4 1942, and that I last saw h[illegible] alive on 1-4 1942.

Immediate cause of death: Gastro-enteritis
Pulmonary Atelectasis — Duration: 3 days
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard C. Kerns M.D.
Address Univ. Hospital Date signed 1-4-42

VS 5

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 87945 Registered No.

Typewriter or Fountain Pen—Ink—Required. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Crest Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Crest Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Wolf McLeran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Wm. A. McLeran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1887

8. AGE: Years	Months	Days	If less than one day
54	3	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marcus W. Wolf
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah M. George
15. Birthplace Baltimore

16 (a) Informant William A. McLeran
(b) Address 2222 Crest Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 12 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1942 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1941, to Jan 9 1942 and that I last saw h[illegible] alive on January 9 1942

Immediate cause of death: Coronary Thrombosis. — Duration 3 days

Due to Not Known

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G A Dodds M. D.
Address Medical Arts Bldg. Date signed Jan 12-42

VS 2

F 87946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137-a

F 87946

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St and Linden Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3 (a) FULL NAME Charles Henry Muller

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary Elizabeth Ulr
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1833

8. AGE: Years	Months	Days	If less than one day
78	4	23	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Insurance & Real Estate
11. Industry or business Retired 5 yrs.

FATHER
12. Name Carl Muller
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant Mrs. Mary Elizabeth Muller
(b) Address 3532 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS INC
(b) Address North Ave. & Broadway.

19 (a) _____ (b) Huntington Williams, M.D.

JAN 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1941 to 1/8 1942 and that I last saw him alive on 1/8 1942

Immediate cause of death: Myocardial Insufficiency — Duration _____
Due to Arteriosclerosis
Due to _____
Other Conditions Benign Prostatic Hypertrophy
(Indicate pregnancy within 3 months of death)
Date of operation 1/7/42
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. Williams
Address Md. General Hosp. Date signed 1/8/42 M. D.

Physicians: please write the causes of death clearly and legibly.

F 87947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-1

F 87947
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 N. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenora V. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No. ++

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Jacob Jenkins
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1854

8. AGE: Years	Months	Days	If less than one day
87	1	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name James Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Miranda Shipley
15. Birthplace Md.

16 (a) Informant Harry Jenkins
(b) Address 1536 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Cem.
Location Winfield, Md.

18 (a) Funeral director C. Harry Zeller
(b) Address Sykesville, Md.

19 (a) JAN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1942, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to Jan 10 1942
and that I last saw h[illegible] alive on Jan 10 1942.

Immediate cause of death
Cerebral Hemorrhage
Left sided hemiplegia — Duration 2 weeks
Due to Hypertension — Duration ?
Due to
Other Conditions Chronic Nephritis — Duration ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Eshman
Address 1921 W North Ave Date signed 1/10/42 M. D.

F 87948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

F 87948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6046 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine C. Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/11/1872

8. AGE: Years 69 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Meat dealer

11. Industry or business

FATHER
12. Name Henry Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunda Reese
15. Birthplace Germany

16 (a) Informant Mrs. Irene Jones
(b) Address 2011 Wheeler Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Wm. J. Likens & Sons
(b) Address 16th & Pa. Ave. - Huntington, W. Va.

19 (Date rec'd by registrar) JAN 12 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1942, at 9:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1941 to 1/10 1942 and that I last saw h[illegible] alive on 1/9 1942

Immediate cause of death
Circulatory failure
Due to uremia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
own

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Frey Jr. M.D.
Address Mercy Hosp Date signed 1/10/42

VS 3

F 87949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 87949

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Elsinor Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Elsinor Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MAHLON WARFIELD, SR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ella Virginia Warfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 20, 1868

8. AGE: Years 73 | Months 0 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Grain dealer

11. Industry or business: Self - Retired

FATHER
12. Name: Joseph Warfield
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Margaret Garrett
15. Birthplace: Maryland

16 (a) Informant: Mr. J. M. Warfield, Jr.
(b) Address: 2212 Elsinor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park Cem.
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Jan 9 1942, and that I last saw him alive on Jan 9 1942.

Immediate cause of death	Duration
Bronchio-Pneumonia	2 days
Due to Acute Bronchitis	6 days
Due to Cerebral arteriosclerosis	5 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stefanie F. Hackerman, M. D.
Address 6 East Biddle St. Date signed 1/12/42

F 87950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 87950 Registered No. 94

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 W. Burnett St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W. Burnett St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Jerome Kimball

3 (b) If veteran, name war no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lena Lenora Kimball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4. 1898

8. AGE: Years	Months	Days	If less than one day
43	8	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Repair man
11. Industry or business Balto City Fire Dept.

FATHER
12. Name William J. Kimball
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Rose Scully
15. Birthplace Balto. Md

16 (a) Informant Mrs. Elmer Clark
(b) Address 101 W. Burnett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

19 (a) JAN 12 1942 Registrar Hunter H. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9: 1942. 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1941. to Jan 9 1942.
and that I last saw him alive on Jan 9 1942.

Immediate cause of death: Coronary thrombosis — Duration: 3 hrs
Due to: arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Shey
Address 3803 Edmondson Ave. Date signed 1/10/42

VS 3

F 87951

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

F. 87951
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 309 Southway (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Momberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Catherine Momberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1870

8. AGE: Years	Months	Days	If less than one day
71	4	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Builder
11. Industry or business

MOTHER | FATHER
12. Name George Momberger
13. Birthplace Germany
14. Maiden Name Rachel Hauf
15. Birthplace Germany

16 (a) Informant Mr. Christian Momberger
(b) Address 309 Southway

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Jan 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown Rd. (Pikesville)

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St

19 (Date rec'd by registrar) JAN 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1942 at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/40 19 to 1/10/42 19, and that I last saw him alive on 1/10/42 19

Immediate cause of death: Cardio-vascular-renal disease — Duration: 1 yrs.
Due to
Due to
Other Conditions Diabetes mellitus — 7 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B. Janney, M.D.
Address 1115 St. Paul St., City, signed 1/11/42

VS 1

F 87952 ! F 87952 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94. a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 W. Boud St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 W. Boud St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Parrott

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Addie Parrott.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1878

8. AGE: Years 63 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Stevedore (Riverfloyd)
11. Industry or business

FATHER 12. Name George Parrott
13. Birthplace Va.

MOTHER 14. Maiden Name Ann Valley.
15. Birthplace Va.

16 (a) Informant Addie Parrott
(b) Address 809 W. Boud St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Robert L. Young
(b) Address 504 W. Carlton St.

19 (a) JAN 12 1942 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1942 at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941, to Jan 9 1942 and that I last saw h.Mrs. alive on Jan 7 1942

Immediate cause of death Coronary occlusion — Duration Jan 9, 1942
Due to Coronary sclerosis — Duration Complicating
Due to — Duration
Other Conditions Arteriosclerosis — Duration Complicating

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1124 E Monument Date signed 1/11/42

VS 3

F 87953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a F 87953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susa Pettett.

3 (b) If veteran, name war: World War | 3 (c) Social Security Account No. 216-10-4628

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie Pettett.
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.): January 7. 1897

8. AGE: Years 43 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace: Pungoteague Co. Va. (Town, county, and state)

10. Usual Occupation: Laborer.

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: Mourse Pettett.
13. Birthplace: Va.

MOTHER
14. Maiden Name: Eunice —
15. Birthplace: Va.

16 (a) Informant: Katie Pettett
(b) Address: 620 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 12 1942 (month) (day) (year)
(c) Cemetery or crematory: Balto. National Cemetery
Location

18 (a) Funeral director: Robert L. Young
(b) Address: 704 N. Caroline St.

19 JAN 12 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1942 at 12 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1941, to Jan 9 1942, and that I last saw him alive on Jan 9 1942.

Immediate cause of death: Cerebral Hemmorhage — Duration: Jan 9, 1942
Due to
Due to
Other Conditions: Nephritis and Marked Arteriosclerosis — Nov 1941
(Include pregnancy within 3 months of death)

Major findings
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ralph L. Young, M.D.
Address 1417 E. Monument Date signed 1/11/42

VS 3

F 87954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 87954 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 N. Howard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2436 N. Howard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Fitzhugh (Davis)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Davis

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 18 1888

8. AGE: Years 53 | Months 4 | Days 7 | If less than one day hr. C min.

9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual Occupation Head

11. Industry or business Coulbourn College

FATHER 12. Name Levin Banks

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Davis

15. Birthplace Md.

16 (a) Informant Annie Fitzhugh (Daughter)
(b) Address 2436 N. Howard St.

17 (a) Burial (b) Date thereof Jan. 13 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Robert H. Young
(b) Address 20 E. Caroline St.

19 (a) JAN 12 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6. 1942. to Jan. 9, 1942. and that I last saw h[illegible] alive on Jan. 6, 1942.

Immediate cause of death

Cerebral Hemorrhage — Duration 30 Min.

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St. Date signed 1-11-42

VS 3

F 87955

F 87955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Mary Lochte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1877

8. AGE: Years	Months	Days	If less than one day
64	11	27	hr. min.

9. Birthplace Baltimore County Md. (Town, county, state or state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Frank Lochte
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Coffay
15. Birthplace Ireland

16 (a) Informant Mrs Mary T. Lochte
(b) Address 418 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Henry H. Mears and Son.
(b) JAN 12 1942 Calvert St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 19 42 at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 40 to Jan 10 19 42
and that I last saw h[illegible] alive on Jan 10 19 42.

Immediate cause of death Coronary Thrombosis — Duration 12 days
Due to Arthritis Deformis generalized — years
Due to Cardiac Hypertrophy with Hypertension — yrs
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Graefe M.D.
Address 12 E Read St Date signed 1/15/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

F 87956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4229 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4229 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh Henry Heaps

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife: Marion V. Heaps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1861

8. AGE: Years	Months	Days	If less than one day
80	8	18	hr. min.

9. Birthplace Harford Co. Md (Town/county, state)
10. Usual Occupation Transfer (Retired)
11. Industry or business

FATHER
12. Name Alexander Heaps
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Araminta Channell
15. Birthplace Harford Co. Md

16 (a) Informant Jessie M. Heaps
(b) Address 4229 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)
(c) Cemetery or crematory Emory Meth. Episcopal
Location Near Street, Md

18 (a) Funeral director Durward D. Covington
(b) Address 21 W. 25th Huntingtown Williams, M.D.

19 (a) JAN 12 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1942 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3. 1942 to Jan. 9. 1942, and that I last saw him alive on Jan 8. 1942.

Immediate cause of death: Coronary Occlusion — Duration: 6 days
Due to: Senile arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Abshurst M. D.
Address 4012 Park Heights Ave Date signed 1-10-42

JAN 12 1942

VS 3

F 87957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 87957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ida M. Roberts
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 4 1869

8. AGE: Years	Months	Days	If less than one day
73	0	6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business Retired

FATHER
12. Name William Webb
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Dora Roberts
15. Birthplace Baltimore, Md

16 (a) Informant Arthur Webb
(b) Address 2715 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director John J. Corcoran & Son
(b) Address 2042 Eastern Ave Baltimore, Md.

19 (a) JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/42 19 , at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/42 19 to 1/10/42 19 , and that I last saw h alive on 1/10/42 19 .

Immediate cause of death	Duration
Congestive heart failure	3 wks.
Due to Arteriosclerotic kt. disease	?
Due to	
Other Conditions Prostatic hypertrophy occ.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M Cutler Jr M. D.
Address Church Home & Infirmary Date signed 1-10-42

VS 2

F 87958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 87958

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Germantown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4-19
(e) Length of stay in Baltimore (yrs., mos., or days) Nov 1 1941

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia (If outside city or town limits write RURAL and give town)
(d) Street No. 6420 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta B Tully

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1878

8. AGE: Years	Months	Days	If less than one day
63	2	21	hr. min.

9. Birthplace Philadelphia, Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James J Tully
13. Birthplace Philadelphia, Pa

MOTHER 14. Maiden Name Mary Stapleton
15. Birthplace Philadelphia

16 (a) Informant Mount Hope Records
(b) Address Mount Hope Retreat

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/42 (month) (day) (year)
(c) Cemetery or crematory Germantown, Pa
Location Germantown, Pa.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1942, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Jan 11 1942, and that I last saw her alive on Jan 11 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Bilateral Occipital Lobe
Due to Arteriosclerosis
Due to
Other Conditions Feeble minded yrs — 27 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. P. Magrin M. D.
Address 23 West Gates St. Date signed

VS 3

AdCo. 5-31 2500

F 87959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 87959

CERTIFICATE OF DEATH

1-31-a

1. PLACE OF DEATH 649 Haw Street

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Montgomery

(a) Residence: No. 649 Haw Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: A A | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Johnson Montgomery

6. DATE OF BIRTH (month, day, year): July 4, 1872

7. AGE: Years: 69 | Months: 6 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Ann Arundel Co Md

FATHER
13. NAME: John Jackson
14. BIRTHPLACE (city or town) (State or country): Ann Arundel Co Md

MOTHER
15. MAIDEN NAME: Eliza Watkins
16. BIRTHPLACE (city or town) (State or country): Ann Arundel Co Md.

17. INFORMANT: Elizabeth Pratt
(Address) 121 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-16 1942

19. UNDERTAKER: Hall Brothers
(Address) 730 W Hamburg St.

20. FILED JAN 12 1942 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1940 to Jan 11 1942

I last saw her alive on Jan 10 1942 death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 1-10-42
Hypertensive cardio-renal disease. — 7.

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. D. Pfiter M. D.

(Address) 1427 E. Pratt St.

OCCUPATION is very important. See instructions on back of certificate.

F 87960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 - Co Registered No. F 87960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sisters of Charity St. Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town White Marsh (If outside city or town limits, write RURAL and give town)
(d) Street No. Ebenezer Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME W. Wesley Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Doris J. Richardson
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10 1912

8. AGE: Years	Months	Days	If less than one day
29	2	0	hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation Truck Farmer
11. Industry or business Truck Farm

FATHER
12. Name John W. Richardson
13. Birthplace Balto. Co. Maryland

MOTHER
14. Maiden Name Eliza M. Vincent
15. Birthplace Balto. Co. Maryland

16 (a) Informant Mrs. Doris J. Richardson
(b) Address White Marsh Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Cemetery
Location White Marsh, Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) JAN 12 1942 (b) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1942 at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1941 to 1/10 1942, and that I last saw him alive on 1/10 1942.

Immediate cause of death	Duration
Heart Failure	
Due to Mitral Stenosis + Insufficiency	15 yrs.
Due to Rheumatic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. V. Youngston M.D.
Address St Joseph's Hospital Date signed 1/10/42

Causes of death: Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be specific, not general. Do not report symptoms, modes of dying, or conditions resulting from the disease causing death. Do not report merely the mode of dying, such as heart failure, asphyxia, anemia, or uremia. Do not use the same disease for both cause and contributory cause unless it is reported as the primary cause and also as a complication.

F 87961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 87961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 W. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16.

3 (a) FULL NAME Lola Shutter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	A. A.	Widow.

6 (b) Name of husband or wife David Shutter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1869

8. AGE: Years	Months	Days	If less than one day
72 72	11	30 29	hr. min.

9. Birthplace Princess Anne Md
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name James L. Brooks
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name unknown
15. Birthplace Eastern Shore Md

16 (a) Informant Mrs. Ethel Cross (Daughter)
(b) Address 1335 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) JAN 12 1942 Huntington Williams, M.D.
Registered Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1942 at 5:16 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/13 1941 to 1/8 1942 and that I last saw h.e alive on 1/8 1942

Immediate cause of death Coma

	Duration
Due to Diabetes	3 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Pennsylvania Ave Date signed 1/12/42

VS 1

F 87962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-31-42 F 87962

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Baker St. 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James H. Peters

If U.S. Veteran specify WAR ...

(a) Residence: No. 519 Baker St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Peters

6. DATE OF BIRTH (month, day, year): June 10, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Charles Peters

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Ella Peters

(Address) 519 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/12 19 42

19. UNDERTAKER: Wm. H. Kelson

(Address) 1303 Pressman St

20. FILED JAN 12 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 19 41 to Jan 9, 19 42

I last saw h[illegible] alive on Jan 6, 19 42 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1940
Other contributory causes of importance: Uremia	11/10/41

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Uremia Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Dr William Frey, M. D.

(Address) 1928 Penna Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 87963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31-B

F 87563 Registered No.

Please write plainly with pen and ink and make no erasures. Be sure to answer every question clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1326 Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Walter Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1891

8. AGE: Years	Months	Days	If less than one day
49 50	✓		hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Aniniers Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Ella?
15. Birthplace Va.

16 (a) Informant Lillian Smith
(b) Address 1326 Fremont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Geo. G. Kelso
(b) Address 1303 Pennsylvania

19 (a) JAN 12 1942 (Date rec'd by registrar) Huntington Willis Eagle, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 10 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said ~~Autopsy~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Prostatic hypertrophy, uremia	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Lankenau M.D. (Medical Examiner)
Date signed 1/10/42

VS 6

F 87964

F 87964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 92

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Nicol Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Nicol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA RUSH HARLEY

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Albert G. Harley Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1857

8. AGE: Years 84 | Months 2 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abram G Rush
13. Birthplace Ireland

MOTHER
14. Maiden Name Belinda Carr
15. Birthplace England

16 (a) Informant Mrs Jos M Parvis
(b) Address 608 Nicol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount cemetery
Location Baltimore Maryland.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 12 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th 1942, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1941 to Jan 9 1942, and that I last saw h[illegible] alive on Jan 9 1942

Immediate cause of death: (a) Chronic tubular Nephritis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Explanation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Sodaro
Address 4624 York Road Date signed 1-10-42 M. D.

VS 3

87965 173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 87965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Bengies (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Leon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catharine
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE:	Years	Months	Days	If less than one day
	61			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Farming
11. Industry or business

FATHER 12. Name
13. Birthplace Greece

MOTHER 14. Maiden Name Madeline
15. Birthplace Greece

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Beckmann
Location Cardiff Ave.

18 (a) Funeral director John B. Connelly
(b) Address 418 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1942 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1941 to JAN 8 1942 and that I last saw h[illegible] alive on JAN 8 1942.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerosis

Due to Benign Prostatic Hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/2/42

Major findings of operation: Large prostate.

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Thomas M.D.
Address Johns Hopkins Hosp. Date signed 1/10/42

VS 1

F 87966

Dr. Orem - 2837 St. Paul St. ✓

F 87966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Winnie Miles Bosley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife D. W. Bosley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1863

8. AGE: Years	Months	Days	If less than one day
78	6	23rd	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nelson R Miles
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Cecelia Mayes
15. Birthplace Balto. Co. Md.

16 (a) Informant D. Webster Bosley
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13 1942 (month) (day) (year)
(c) Cemetery or crematory Bosley's
Location Sparks Md.

18 (a) Funeral director Sandford M. Brooks
(b) Address Sparks Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JAN 12 1942

MEDICAL CERTIFICATION A. M.

20. DATE OF DEATH January 11, 1942, at 11.45

21. I certify that death occurred on the date above stated; that I attended deceased from 12. 20. 1941 to 1. 11. 1942. and that I last saw her alive on Jan. 11, 1942.

Immediate cause of death	Duration
Myocardial Insufficiency.	
Due to Myocarditis-Chronic.	
Arterio-Sclerosis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ------
Of autopsy -----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick A. Orem M.D.
Address 2837 Calvert St. Date signed 1/13/1942

F 87967 M 1 70977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

✓ F 87967 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 768 Keeseche, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Whit, Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 253-01-4134

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1907

8. AGE: Years	Months	Days	If less than one day
35	?	?	hr. min.

9. Birthplace Maryland Georgia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ? ?

MOTHER
14. Maiden Name Anna ?
15. Birthplace ? ?

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (b) Date thereof 1-14-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Athens Georgia
Location Georgia

18 (a) Funeral director Wm A. Jackson
(b) Address 916 Penna Ave

19 JAN 12 1942 (b) Huntington, W. Va.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1942, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1942 to 1-11 1942, and that I last saw h~~im~~ alive on 1-11 1942.

Immediate cause of death Cerebral hemorrhage — Duration 5 days

Due to Hypertension C.V. disease — Duration ? ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-12-42

VS 3

F 87968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 87968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Nolley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Elliott D. Nolley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1872

8. AGE: Years	Months	Days	If less than one day
69	5	21 20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James C. Burch
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Mary Long
15. Birthplace Baltimore, Md.

16 (a) Informant Elliott D. Nolley
(b) Address 225 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Ellis S. White
(b) Address 2840 W. Cold Spring Lane

19 (c) JAN 12 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1942 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to Jan 11 1942, and that I last saw h alive on Jan 10 1942

Immediate cause of death Carcinoma transverse colon Operation 2-13, 1940 — Duration

Due to metastasis to retroperitoneal glands.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Sept-13, 1940
Major findings of operation: Carcinoma transverse colon, metastasis
of autopsy: not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.D. A Luetscher
Address 12 Eager St Date signed Jan 14/42

F 87969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 87969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 S. Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA N. MARSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1910

4. Sex F | 5. Color or race W | 6 (a) Single, (Married) widowed, or divorced.

6 (b) Name of husband ~~wife~~ Michael Marski

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 18-1891

8. AGE: Years 50 | Months 10 11 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Oyster sucker

11. Industry or business Packing Co

FATHER 12. Name Peter Nadonky

13. Birthplace Poland

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Michael Marski

(b) Address 319 S. Chapel st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore Md

18 (a) Funeral director George A Weber

(b) Address 705 S Ann st

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1942 at 11 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension — Duration 1

Due to — Duration

Other Conditions ~~No~~ — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ~~No~~

of autopsy: ~~No~~

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 1-12-42

VS 6

87970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Reg. No. B-87970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Seymour Claggett

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jessie V.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1872

8. AGE: Years 69 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual Occupation Textile Mill

11. Industry or business

FATHER 12. Name Luther E. Claggett
13. Birthplace Maryland

MOTHER 14. Maiden Name Joanna Watkins
15. Birthplace Maryland

16 (a) Informant Mrs. Jessie V. Claggett
(b) Address 111 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-42 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel Maryland

18 (a) Funeral director Jos. J. Fisher & Son
(b) Address Hunt & La. Ave.

19 (a) JAN 9 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 5-45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Wardlaw Knight M.D. Medical Examiner

Date signed 1/10/42

V8 6

F 87971 1

RC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 F 87971 1 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) NR

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. 20½ Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

17

3 (a) FULL NAME Baby Girl Jones (Birth F 40616)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1941

8. AGE: Years	Months	Days	If less than one day
		30 29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles weslez Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Katie Guthrie
15. Birthplace New York

16 (a) Informant H.C.H. Records
(b) Address 4940 eastern avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1 9 42 (month) (day) (year)
(c) Cemetery or crematory Balto. City Hosp.
Location 4940 Eastern Avenue

18 (a) Funeral director Crematory
(b) Address B.C. Hospitals

19 JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1942 at 12:55 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/25 1941 to 1/7 1942, and that I last saw h[illegible] alive on 1/7 1942

Immediate cause of death: Congenital Heart Disease — Duration: Life

Due to

Due to

Other conditions: Congenital Glaucoma — Duration: Life
(Include pregnancy within 3 months of death)

Date of operation 12/22/41

Major findings of operation: Congenital glaucoma

If autopsy: Cong. heart. Glaucoma

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Cathcart M. D.
Address Balto. City Hosp. Date signed 1-8-42

VS 3

F 87972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 87972 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Broderick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 84 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore.

18 (a) Funeral director Reba Wendefeld
(b) Address 914 Gorsuch Ave

19 (a) JAN 12 1942 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept-5 1941, to Jan 11 1942, and that I last saw him alive on Jan 10 1942.

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic myocarditis — Duration: 5 yrs
Due to:
Other Conditions: Arterio Sclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 1/12/42

VS 1

F 87973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 87973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine A. Wright

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. F. Wright
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1864

8. AGE: Years 77 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Michael Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Portley
15. Birthplace Ireland

16 (a) Informant James H. Wright
(b) Address 1012 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Road

18 (a) Funeral director Chas. H. Ingram & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) JAN 12 1942 (b) Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1942 at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1941 to 1-12 1942
and that I last saw h. alive on 1-11 1942

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 2 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Lyon M. D.
Address 123 E. North Ave Date signed 1-11-42

VS 3

F 87974

JN 65498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 Franklin st. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Brumskill

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lou

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ? ? 1887

8. AGE: Years 55 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Calvin
13. Birthplace Virginia

MOTHER
14. Maiden Name Katie Magdall
15. Birthplace Virginia

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Virginia Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) JAN 12 1942 (Registrar) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1942 at 4 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1941 to 1-5 1942 and that I last saw h[illegible] alive on 1-5 1942.

Immediate cause of death: Cardiac failure — Duration: 7

Due to: Arteriosclerotic heart disease — Duration: ?

Due to: ____

Other Conditions: Typhoid carrier

(Include pregnancy within 3 months of death)

Date of operation: ____

Major findings of operation: ____

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 1-10-42

F 87975 HEALTH DEPARTMENT—CITY OF BALTIMORE F 87975

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3630 Buena Vista St. 13th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Matthias

(a) Residence: No. 3630 Buena Vista St. Ward. (Birth F - 41966)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Sing.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10, 1942

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Earl C Matthias Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna E Bontrager

16. BIRTHPLACE (city or town) (State or country) Church Creek Md.

17. INFORMANT Earl C Matthias

(Address) 3630 Buena Vista

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 12 1942

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED JAN 12 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1942 to 1/10, 1942

I last saw him alive on 1/10, 1942 death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Not quite 6 mo.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No specify

(Signed) Harold B Yoder M. D.

(Address) 1020 York Road

F 87975

Acct. 5-11 2M3

INSTRUCTIONS: Please write plainly with pen and ink. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

87976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 48 West Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Bortz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Local JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 12 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1941, at 1:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Vanderhoof M.D.
Medical Examiner.
Date signed 12/14/41

6974

VS 6

Please write the cause of death clearly and legibly.

87977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 87977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS O'ROURKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 12 1942 (Registrar's Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1941, at 8 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.

Date signed 1-27-42

VS 4

87978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. E 87978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 815 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 12 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 19 42 at 4 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of heart

Due to

Due to

Other Conditions ko

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ko

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan 2, 1942 at 3.40 P M
(c) Where did injury occur? 815 N. Caroline St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? ko
(e) Means of injury shot with revolver during

23. Signature H. A. Wallenmeyer M.D.
Medical Examiner.

Received 1-3-42

6772

argument

V8 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87979 1 166 ✓ Registered No. F 87979

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town, write RURAL and give town)
(d) Street address 1137 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNIDENTIFIED Lawrence Payne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
41 36			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 12 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 12 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1941, at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Dec. 24, 1941 at 7 a M
(c) Where did injury occur? Parkdale, Anne Arundel Co. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Firearm - shot by police

23. Signature H. L. Wolfenstetter M.D.
Medical Examiner.
Date signed 12-25-41

Living Quarters

VS 6

Corrections authorized by Dr. H. J. Waldris.

See Letter, dated 8/17/42, in Document File # F87979.

8/17/42

J. T. Hill

F 87980 ~~EA 99858~~ ✓ F 87980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

Please write plainly and fill in all items of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Florence Nightingale Nursing Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Ruddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1874

8. AGE: Years	Months	Days	If less than one day
68	0	9	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin Hagerty
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 7611 Park Heights

19 (a) JAN 12 1942 Huntington Williams, M.D.
(Date Received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1942 at 12 37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1941, to 1-10 1942, and that I last saw her alive on 1-10 1942.

Immediate cause of death

Arteriosclerotic C. V Disease — Duration: years

Due to

Due to

Other Conditions Arteriosclerotic gangrene of left foot — months

(Include pregnancy within 3 months of death)

Date of operation 11-18-41, 12 and 15-41

Major findings of operation: Gangrene of left foot

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Hebb M. D.
Date signed 1-10-42

VS 3

F 87981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 87981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N Bethel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Watkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex: Female | 5 Color or race: C | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John D. Watkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/27/1887

8. AGE: Years 54 | Months - | Days 12 | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Barnes
13. Birthplace md

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant John D. Watkins
(b) Address 420 N. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Hamilton Ave Hamilton for Williamson Mortuary

19 (a) JAN 12 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9/1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1942 to 1-9 1942; that I last saw her alive on 1-9 1942.

Immediate cause of death: Acute Lobar Pneumonia — Duration 1/4/42

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Allen
Address 121 Druid Hill Ave Date signed Jan 12 1942

VS 3

F 87982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 87982 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bonnie Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Penna. Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald White

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Name of

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day hr.	min.
36				

9. Birthplace Pittsburg Pa. (Town, county, and state)
10. Usual Occupation Baggage man
11. Industry or business 5 & 10 store

FATHER
12. Name Joel White
13. Birthplace Va

MOTHER
14. Maiden Name Adelia Jones
15. Birthplace Va.

16 (a) Informant Robert White
(b) Address 507 Laurens st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory
Location Pittsburg, Pa

18 (a) Funeral director Elroy Wilson
(b) Address 1908 Brantley ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JAN 12 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1942 at 10:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Gun shot of abdomen — **Duration**

Due to

Due to

Other Conditions Hemorrhage. Operation of shock intervenes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-9-42 at 9.40 P M
(c) Where did injury occur? 1322 Penna. Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Revolver - lead bullet

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-11-42

F 87983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-22-42 F 87983 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County Highlands
(c) City or town Avon Park (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MOSES L. THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Avon Park, Florida (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Lewis H. Thomas
13. Birthplace Avon Park, Florida

MOTHER
14. Maiden Name Spicer Underhill
15. Birthplace Avon Park, Florida

16 (a) Informant Fred L. Thomas
(b) Address 3011 Buckie Ave. Ft. Myers

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory Avon Park, Florida
Location Florida

18 (a) Funeral director Maynard D. Covington
(b) Address 214 W. 25th St.

19 (a) JAN 12 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1942, at 11:02 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25, 1941, to Jan 12, 1942, and that I last saw him alive on Jan 12, 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Embolism (embolic in lungs) (pulmonary)	
Due to Phlebitis (femoral vein) following hemiplegia to pelvis	
Other Conditions Strangulated femoral hernia (12/5/41)	

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Strangulated femoral hernia (right side)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Goodwin M. D.
Address Sinai Hosp. Date signed 1-12-42

VS 3

F 87984

BALTIMORE CITY HEALTH DEPARTMENT

JN 70498 CERTIFICATE OF DEATH 108 Registered No. F 87984

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. Longwood St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William a. Baumbach

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Eleanor M.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 25, 1898

8. AGE: Years	Months	Days	If less than one day
43	6	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Rudolph Baumbach
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Wright
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4/0/42 Edmondson Ave.

19 (a) JAN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1942, at 4 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1941, to 1-11 1942, and that I last saw h[illegible] alive on 1-11 1942.

Immediate cause of death	Duration
Lobar pneumonia	4 days
Due to Malaria therapy	3 weeks ?
Due to general paresis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rakstam M. D.
Address Balto. City Hosp. Date signed 1-11-42

VS 3

F 87935 ✓ 61 F 87985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook St Lwidlow Ave
(c) Hospital or institution:
Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Chestertown Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt #3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Nellie E. Hadaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thos. Hadaway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-9-1880

8. AGE: Years 61 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Thomas A. Wrightson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Smith
15. Birthplace Md.

16 (a) Informant Mrs Ruth Wrightson
(b) Address 120 E. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)

(c) Cemetery or crematory Chester Cem.
Location Chestertown Md.

18 (a) Funeral director Marion Williams
(b) Address Chestertown Md.

19 JAN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 2.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to Jan 12 1942 and that I last saw h. alive on Jan 12 1942

Immediate cause of death: Coronary Thrombosis — Duration

Due to Hypertensive Cardiovascular Renal Disease

Due to

Other Conditions Diabetes Mellitus

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature William R. Longhurst M. D.

Address Md. Gen. Hosp. Date signed 1/12/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 87986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 87986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Homwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Homewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Helen Kelly

3 (b) If veteran, name war: ***
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife **********
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9. 1869

8. AGE: Years	Months	Days	If less than one day
73	9	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Sales Clerk
11. Industry or business Department Store

FATHER
12. Name Timothy Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A. Mooney
15. Birthplace Ireland

16 (a) Informant Katherine T. Kelly
(b) Address 1915 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave.

19 (a) JAN 10 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1941, to Jan 9 1942, and that I last saw h. alive on Jan 9 1942

Immediate cause of death: Myocardial Insufficiency — Duration

Due to:

Due to:

Other Conditions Chr Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur C. Monninger M. D.
Address 800 E North Ave. Date signed

87987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-W

Registered No. F 87987

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 E. Randall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 39 E. Randall St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie F. Jones (nee Smith)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel E. Jones
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1885

8. AGE: Years	Months	Days	If less than one day
56	3	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Columbus Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Wildberger
15. Birthplace Baltimore, Md.

16 (a) Informant Samuel E. Jones (father)
(b) Address 39 E Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Memorial Park
Location

18 (a) Funeral director C. Howard Evans
(b) Address 1400-02 N. Eutaw St.

JAN 12 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1942, at 4:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Carcinoma of cervix with metastases.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moldawer M.D.
Medical Examiner.
Date signed 1-11-42

VS 6

87988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F Registered No. 87988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1657 3057 Brighton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George Longville

3 (b) If veteran, name war W
3 (c) Social Security Account No. 217-0[illegible]86

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced Widower

6 (b) Name of husband or wife Della Langville
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 24, 1877

8. AGE: Years 64 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Collector of Delinquent Accts for J. W. Langville

FATHER
12. Name J. W. Langville
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Della Long
15. Birthplace Balto Co Md

16 (a) Informant Mrs Marie Baltzley
(b) Address 3057 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14, 1942 (Month, day, year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director C. Edward Evans
(b) Address 1400 W. Saratoga St

19 (a) Date received JAN 12 1942 (b) Registrar Huntington Willis, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1942, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Jan 11 1942 and that I last saw him alive on Jan 6 1942

Immediate cause of death: Heart failure — Duration: 5 days
Due to Cerebral Hemorrhage
Due to Hypertensive Cardio-Vascular Renal Disease
Other Conditions & Uremia

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. T. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed 1/12/42

VS 3

87989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 87989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Garrison
(If outside city or town limits, write RURAL, and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MAURICE EDWARD FULLER

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 212-14-2911

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian M. Trader
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 17, 1892

8. AGE: Years	Months	Days	If less than one day
49	7	24	hr. min.

9. Birthplace Towson, Maryland (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John T. Fuller
13. Birthplace Baltimore County, Maryland.

MOTHER
14. Maiden Name Julia A. Cayne,
15. Birthplace Baltimore County, Maryland.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 42 (month, day, year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road
18 (a) Funeral director S. Walter Mayo
(b) Address 619 N. Bouldin St
19 (Date received by Registrar) JAN 12 1942 (Signature of Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1942, at 10:55a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1941 to Jan. 11, 1942 and that I last saw him alive on Jan. 11, 1942

Immediate cause of death: Coronary thrombosis — Duration: Terma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/31/41

Major findings of operation: Thoracentesis

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/12/42

Typing suggestions: physicians: please write the causes of death clearly and legibly.

F 87990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 87990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Preston (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 (If rural give location)
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country

3 (a) FULL NAME Francis X. Troxler

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: White Male
5. Color or race:
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Alice (?) Troxler
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) March 17, 1877
8. AGE: Years 64 | Months 9 | Days 24 | 23 hr. min. (If less than one day)
9. Birthplace Switzerland? (Town, county, and state)
10. Usual Occupation Cook (has not worked for yr.
11. Industry or business

FATHER
12. Name Joseph Troxler
13. Birthplace Switzerland?

MOTHER
14. Maiden Name Katherine Sidler
15. Birthplace Switzerland?

16 (a) Informant Francis X Troxler
(b) Address Preston, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 42 (month) (day) (year)
(c) Cemetery or crematory Bolto National
Location Frederick Road
18 (a) Funeral director L. Walter Mayo
(b) Address 619 N. Bowlder St
19 JAN 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1942 at 5.25 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 10 1942, and that I last saw him alive on Jan 10 1942.

	Duration
Immediate cause of death: Peritonitus	1 week
Due to: Intestinal obstruction	3 weeks
Due to: Ventral and umbilical hernias	5 yrs.
Other Conditions: Uremia, Arteriosclerosis, Myocarditis, Obesity (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H B Henderson / R Dameron M.D.
Address U.S. Marine Hosp. Date signed 1/12/42

VS 8

Typewriting required: physicians: please write the causes of death clearly and legibly.

F 87991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3

Registered No. F 87991

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Bolton St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Bolton
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Brown Mifflin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan-31-1859

8. AGE: Years	Months	Days	If less than one day
92	11	11	— hr. — min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Saml. W. Mifflin
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Martin
15. Birthplace Pennsylvania

16 (a) Informant Mrs W. M. Passano (niece)
(b) Address 1727 Bolton St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan-13-42 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Columbia-Pa.

18 (a) Funeral director Stewart Morris Co.
(b) Address 108 W Monk Ave.

JAN 13 1942 (b) Huntingtown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1942, at 10 A M

23. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942, to Jan 11 1942, and that I last saw h[illegible] alive on Jan 10 1942.

Immediate cause of death
Acute pleurisy
Cerebral Embolism
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W G Jones
Address 281 E. Pleasant Date signed 1/13/42 M.D.

F 87992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B F 87992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gorge Wayne or Weinstein

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-7245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jean
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER 12. Name William Weinstein
13. Birthplace Russia

MOTHER 14. Maiden Name Rose Tabachnick
15. Birthplace Russia

16 (a) Informant Jean Wayne
(b) Address 302 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1942 at 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9, 1942 to Jan. 12, 1942 and that I last saw him alive on Jan. 10, 1942.

Immediate cause of death Shock — Duration

Due to Bleeding duodenal ulcer

Due to

Other Conditions History of hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operation Perforated ulcer on 1st portion of duodenum
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Zeisler M. D.
Address Sinai Hospital Date signed 1/12/42

F 87993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 87993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 Overhill Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Over 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Marylaud (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Overhill Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Shanetto Hamman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dr. Louis Hamman
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 1, 1880

8. AGE: Years 61 | Months 6 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Mt. Washington, Maryland.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thaddeus S. Sharretts
13. Birthplace Wash D.C.

MOTHER 14. Maiden Name Mary Ellen Power.
15. Birthplace Va

16 (a) Informant Dr. Louis Hamman
(b) Address 315 Overhill Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Henry W. Tenkins Sons
(b) Address 2 Block E. Oathedral

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1942, at 1st P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to 1/12 1942
and that I last saw her alive on Jan. 10 1942.

Immediate cause of death Carcinoma of uterus - recurrent. Duration 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April. 1940.

Major findings of operation Carcinoma of body of uterus.

At autopsy? no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Clough

Address 24 E. Eager St Date signed Jan 12, 1942.

Jan 12, 1942

F 87994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/13-B

F 87994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 da
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 764 George St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Dixon 69911

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8493

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1902

8. AGE: Years	Months	Days	If less than one day
39 40	10	0	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Stevedor
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Va

MOTHER
14. Maiden Name Lottie Bailey
15. Birthplace Va

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mc Frances A Hamby
(b) Address 578 W Biddle St

19 (a) JAN 13 1942 Local Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1942 at 1:25P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1941 to Jan 11 1942 and that I last saw him alive on Jan 11 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-14-42

VS 3

Important: Physicians: please write the causes of death clearly and legibly. The [illegible] supplied.

F 87995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 87995

SS 71017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 Camel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Sutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1863 ?

8. AGE: Years	Months	Days	If less than one day
78 ?	3 4?	4 9?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Thomas Sutton
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Maria ?
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 13 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Thos Gaenor & Hennessy
(b) Address 578 W Biddle St

19 (a) JAN 13 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1942 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1942 to 1-9 1942, and that I last saw h alive on 1-9 1942.

Immediate cause of death
Cardiac Insufficiency — Duration ?
Due to Arteriosclerotic Cardiovascular disease — ?
Due to
Other Conditions Benign Prostatic Hypertrophy — ?
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Mc Hugh M.D.
Address Balto City Hosp Date signed 1-10-42

Physicians: please write the causes of death clearly and legibly. The

F 87996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-2

F 87996 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Allendale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Allendale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY M. LANGRALL

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jane Cross Langrall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 23, 1885

8. AGE: Years 66 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Clerk - Retired 1½ yrs.
11. Industry or business:

FATHER
12. Name: Leander Langrall
13. Birthplace: Dorchester Co., Md.

MOTHER
14. Maiden Name: Louisa Hooper
15. Birthplace: Illinois

16 (a) Informant: Mr. Charles A. Langrall
(b) Address: 3413 Fairview Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) JAN 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1942 at 7:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to Jan 11 1942 and that I last saw h alive on 19

Immediate cause of death: Cerebral hemorrhage + paralysis — Duration: 1 day.
Due to:
Due to: Arterio-sclerosis + Hypertension — Duration: ?
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Walter Dukes M. D.
Address Date signed 1/13/42

F 87997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 87997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Covington st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Covington st (If rural, give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE PENSMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife William Pensmith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Oberheim
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Wm. Bryant
(b) Address 2335 Sidney Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 13 1942 (Filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1942 at 5 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Interna bleeding	
carcinomatosis	
Due to disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier Jr. Medical Examiner. M.D.
Date signed 1-13-42

VS 6

F 87998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 87998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S. Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH E. LYNCH Sr.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: ANNIE LYNCH
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): FEB. 13 1883
8. AGE: Years 58 | Months 10 | Days 29 | If less than one day hr. min.
9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: POLICE OFFICER
11. Industry or business: BALTIMORE CITY

FATHER
12. Name: JOSEPH LYNCH
13. Birthplace: IRELAND

MOTHER
14. Maiden Name: MARY ?
15. Birthplace: IRELAND

16 (a) Informant: ANNIE LYNCH (WIFE)
(b) Address: 809 S. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 15/42 (month) (day) (year)
(c) Cemetery or crematory: NEW CATHEDRAL
Location: OLD FREDERICK ROAD

18 (a) Funeral director: Tully & Sutherland
(b) Address: 806 S. WOLFE ST.

19 (a) JAN 13 1942 (Date rec'd by registrar) (b) Harrington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1942, at 4:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease.
Due to:
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-11-42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

F 87999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 87999

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 N. DECKER AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angela D. Sessa

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife SEBASTINE SESSA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 19 1886

8. AGE: Years	Months	Days	If less than one day
55	10 11	27 20	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name FERDENAN RUGGERIO
13. Birthplace ITALY

MOTHER
14. Maiden Name KATHERINE PESSAGNO
15. Birthplace ITALY

16 (a) Informant SEBASTINE SESSA (HUSBAND)
(b) Address 136 N. DECKER AVE.

17 (a) BURIAL (b) Date thereof JAN. 15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Sally & Zeller Sons
(b) Address 403 S. WOLFE ST.

19 (a) JAN 13 1942 (b) [illegible] Huntington Ave., Md.
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1942, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1942 to Jan. 11 1942, and that I last saw her alive on Jan. 9, 1942.

Immediate cause of death Cardiac Failure
Thrombosis, Generalized Arteriosclerosis, Cardio Vascular Disease — Duration

Due to Diabetes Mellitus

Due to

Other Conditions Multiple Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Knight M.D.
Address St. Joseph's Hosp. Date signed 1/11/42

Please write clearly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186 - F 88000 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 5913 Belair Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN A KOCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1871

8. AGE: Years 70 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Koch
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant: Catherine Koch
(b) Address 5913 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Storr & Son
(b) Address 30 E Lanvale & 1942 Eutaw aves

19 (a) JAN 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942, at 5 20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to: Fracture of right femur

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 3, 1942
(c) Where did injury occur? 5913 Belair Rd (Street address) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury slipped on rug and fell

23. Signature W. L. Wollenweber M.D.
Date signed 1-11-42 Medical Examiner.

to floor

F 88001

F 88001 25 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 Rayner Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Rayner Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATIDLA C. PEEHNERT

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1864

8. AGE: Years 77 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Peehnert
13. Birthplace Germany

MOTHER
14. Maiden Name Dowis Pfeiffer
15. Birthplace Germany

16 (a) Informant Virginia Berry
(b) Address 3107 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Tillman Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1942, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 5, 1942, to Jany. 10, 1942, and that I last saw her alive on Jany. 9, 1942.

Immediate cause of death: Coronary occlusion — Duration: Hour Three 24 hours

Due to:

Due to:

Other Conditions: Acute Bronchial Asthma, Chronic Bronchial Asthma — 6 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice L. Shamer M. D.
Address 3300 N. Charles St. Date signed 1-10-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is especially important. Physicians: please write the causes of death clearly and correct age is especially important.

VS 8

F 87002

F 87002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN MAURICE FOARD

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian F. Foard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1870

8. AGE: Years	Months	Days	If less than one day
71	1	8	hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Engineer Retired
11. Industry or business Baltimore City Fire Dept.

FATHER
12. Name John Wesley Foard
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Sarah Whittle
15. Birthplace Baltimore Co., Md.

16 (a) Informant M.H. Miller
(b) Address 330 East Lorraine Ave.

17 (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilkens & Boyd
(b) Address 2217 E. Pratt St

19 (a) JAN 13 1942 Huntington Williams, M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10, 1942, at 6:30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1941, to 1-10 1942, and that I last saw h[illegible] alive on 1-10 1942.

Immediate cause of death

	Duration
Coronary Thrombosis	4 days
Due to Coronary arteriosclerosis	2
Due to	
Other Conditions Diabetes mellitus	10 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature George H. E. Cross M. D.
Address 7845 Va. Ave. Date signed 1-11-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

0

F 87003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

F 87003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates, ages, etc. Where information is unknown or does not apply, write "unknown" or "none." Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 10 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Saml Lowman

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1865

8. AGE: Years 76 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Colquitt Co Ga (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Angel Creed
13. Birthplace Georgia

MOTHER 14. Maiden Name Alderman
15. Birthplace Georgia

16 (a) Informant Charles Lowman
(b) Address 10 W Biddle St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-42 (month) (day) (year)
(c) Cemetery or crematory Arna Church Cem
Location Douglas Ga

18 (a) Funeral director Williams Bros
(b) Address 247 St Paul St

19 (a) JAN 13 1942 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942, at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-13 1942; and that I last saw h[illegible] alive on 1-13 1942.

Immediate cause of death: Cerebral hemorrhage with left hemiplegia — Duration: 1 day
Due to: Hypertension Cerebrovascular disease
Due to: [illegible]
Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Lowman Jr. M. D.
Address University Hospital Date signed 1-13-42

VS 3

F 88004 — F 88004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a

Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. Roosevelt Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EVA M. BRUNSWICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife WILLIAM W.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 5-6-78

8. AGE: Years	Months	Days	If less than one day
63	8	5	hr. min.

9. Birthplace KANSAS (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name WILLIAM McCARTY
13. Birthplace VA

MOTHER
14. Maiden Name Olivia West
15. Birthplace Miss Records

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Wash. D. C.

18 (a) Funeral director Jos. Gawler's Sons
(b) Address 1756 Pa Ave N.W. Washington, D. C.

19 (a) JAN 13 1942 (Signature of Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 11 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 25 1941, to JAN 11 1942 and that I last saw her alive on JAN 11 1942

Immediate cause of death: Papillary carcinoma Kidney pelvis — Duration
Due to: with metastases
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 12-1-41
Major findings of operation: Papillary case of kidney pelvis
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Woodruff M. D.
Address Johns Hopkins Hosp Date Signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 8

F 88005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88005 Registered No. 164-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Station Hospital, Camp Holabird
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town San Antonio (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Clay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN H. SHEHAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ruby Shehan

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 2, 1893

8. AGE: Years	Months	Days	If less than one day
48	6	10	hr. min.

9. Birthplace Bardstown, Kentucky (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant U.S. Army Records

(b) Address Holabird Quartermaster Depot

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)

(c) Cemetery or crematory
Location San Antonio, Texas

18 (a) Funeral director Walter Burford Bradley

(b) Address 1922 W. North Ave

19 (a) Date received by registrar 1942 (b) Registrar Huntington Williams Adjt.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1942 at 3 10/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Laceration of neck. — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation ho

Major findings of operations

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Jan 12, 1942 at 2 10/2 M
(c) Where did injury occur? Station Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? ho (Specify type of place)
(e) Means of injury slashed neck with razor

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death in such a way as to convey the information correctly. Exact age is especially important.

F 88006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88006

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Halcyon Home for Aged & Infirm. 1942

CITY OF BALTIMORE: (No. ____ St. 3711 Wash.)

Registered No. ____

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Sarah Frisch

If U. S. Veteran specify WAR ____

(a) Residence: No. Belvedere & Greenspring St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Solomon

6. DATE OF BIRTH (month, day, year): 1853

7. AGE: Years 89 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Siegmund Feuerlicht

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Pisgah Cem. Date 1-13-42 19

19. UNDERTAKER: Jos. Young Son

(Address) 1429 E. Baltimore St.

20. FILED JAN 13 1942 19 ____ Registrar.

VS 80

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-13, 1942

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1939, to 1-13, 1942.

I last saw her alive on 1-12, 1942. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Hedyman O'Leary M.D.

(Address) Levindale

Huntington Williams, M.D.

F 88007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88007 1 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3913 Clarkhill Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4492 E. 23rd St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estella Mahoney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name Susan Dirkson
15. Birthplace Snow Hill Md.

16 (a) Informant Elizabeth Ward
(b) Address 926 Slaup Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A. Stayer
(b) Address 1412 W. Lexington St

19 (a) JAN 13 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1942 at 5:43 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said ? (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandegraff M.D. Medical Examiner
Date signed 1/10/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct ago is especially important.

VS 4

F 88008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered F 88008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Do not use pencil. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2802 Kildare Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Reid Lynch (Birth F-42035)

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-12-42

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Lynch
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Brennan
15. Birthplace Md.

16 (a) Informant Hosp Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director H. S. Smith
(b) Address 2572 Wilkens Ave

19 (a) JAN 13 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1942 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12, 1942 to Jan. 13 1942 and that I last saw her alive on Jan. 13 1942

Immediate cause of death — Duration
Intracranial hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature James N. Cranor M. D.
Address St Agnes Hosp, Date signed 1/13/42

409636
F 88009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 88009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Strieker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Basil Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-88

8. AGE: Years	Months	Days	If less than one day
53	7	23	hr. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John M. Powell
13. Birthplace Md.

MOTHER 14. Maiden Name Josephine Tyler
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) JAN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1942 at 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1942 to Jan 11 1942 and that I last saw him alive on Jan 11 1942.

Immediate cause of death	Duration
Probably bronchial obstruction-aspiration of mucous	
Due to Aneurism of aorta	1½ years
Due to Syphilis	
Other Conditions Phthisis bulbi bilateral (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Johns Hopkins Date signed 1-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 1

F 88010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No.

F 88010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Union Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Union Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME S. Frances Mullen

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24-1879

8. AGE: Years	Months	Days	If less than one day
62	11	17	hr. min.

9. Birthplace Frederick Maryland (Town, county, and state)
10. Usual Occupation Stenographer - Dental Clinic
11. Industry or business University of Maryland

FATHER — 12. Name	James Francis Mullen
FATHER — 13. Birthplace	Maryland
MOTHER — 14. Maiden Name	Martha Ellen Howard
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Miss Mary F. Riley
(b) Address 1228 Union Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co. Md.
18 (a) Funeral director Horace F. Burgee
(b) Address 3620 Falls Road Huntington Williams, M.D.
19 (a) JAN 13 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11- 1942 at 8:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11th 19 42 to Jan 11th 19 42 and that I last saw h[er] alive on Jan 11th 19 42

Immediate cause of death	Coronary Occlusion	Duration 2 hours
Due to		
Due to		
Other Conditions	Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Lueich M. D.
Address 3614 Falls Rd. Balto Md. Date signed 1/13/42

Howard J. Lueich M.D.

VS 3

F 88011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 88011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where necessary. Be sure that the information given for age is correct. Physicians: please write the causes of death clearly and legibly. Be sure that the information given for age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Druid Hill ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	B	M

6 (b) Name of husband or wife Daniel Coleman
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 8/1884

8. AGE: Years	Months	Days	If less than one day
57	8	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Janitress
11. Industry or business

FATHER
12. Name Frank Johns
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth A. Bowers
15. Birthplace Maryland

16 (a) Informant Ethel Coleman
(b) Address 410 Druid Hill ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 JAN 13 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/42 19 , at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30, 1941, to 1/12 19 42
and that I last saw her alive on 1/12 19 42

Immediate cause of death Cardiac decompensation
Due to Hypertension
Due to Nephritis ovr
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

Duration: ?

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Stevens M. D.
Address Mercy Hospital Date signed 1/12/42

F 88012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 503 Orchard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Westherspoon (Birth F 4x017)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/41

8. AGE: Years | Months | Days 28 | If less than one day hr. min.

9. Birthplace Waco (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Abraham Witherspoon
13. Birthplace S. Car.

MOTHER 14. Maiden Name Mary Nedd
15. Birthplace S. C.

16 (a) Informant Abraham Witherspoon
(b) Address 503 Orchard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 13 (Date rec'd by registrar) (b) 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 11:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (I) find that said deceased came (Autopsy or Inquiry) to [illegible] death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 6

F 88013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D Registered No.

F 88013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Give full and correct age in years, months, days, hours, or minutes as required. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 S. Robinson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James L. Holden

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-0831

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Holden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1899

8. AGE: Years	Months	Days	If less than one day
42	3	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Millwright Helper
11. Industry or business Revere Brass and Copper Co.

FATHER
12. Name Peter B. Holden
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name unknown
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Josephine Holden
(b) Address 1112 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore Co. Md.

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) JAN 12 1942 (Signature of registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1942, at 6.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1941 to Jan 10 1942 and that I last saw him alive on Jan 10 1942.

Immediate cause of death

Carcinoma

Due to R. Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
5 mos.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. Nolan M. D.
Address 3 W. Biddle Date signed 1-12-42

F 88014 ¶

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88014

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Goodwood Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Goodwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Wallace

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1865

8. AGE: Years 76 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Michael Wallace
13. Birthplace Md

MOTHER
14. Maiden Name Anna Wallace
15. Birthplace Md

16 (a) Informant Sarah A. Foreman
(b) Address 2816 Goodwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director George J. Roth
(b) Address 5305 Harford Rd

19 (a) JAN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-42 19 , at 6.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 3 1942 to Jany 11 1942 and that I last saw h.. alive on Jany 9 1942

Immediate cause of death: Cardiac Decompensation — Duration Jany 9 hr

Due to

Due to — Duration a number of Years

Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B Green
Address 3009 Evergreen Ave Date signed 1/13/42 M. D.
Balto Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly

VS 3

F 88015 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 88015 1 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every detail. Answer every question. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Cecilton, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM PARKER LUSBY

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1874

8. AGE: Years 67 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Cecilton, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Lusby
13. Birthplace Cecil County, Md.

MOTHER
14. Maiden Name Milcah Morgan
15. Birthplace Cecil County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-42 (month) (day) (year)
(c) Cemetery or crematory
Location Calvaston Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1812 Hollins St

19 (c) JAN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1942, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1942 to Jan. 13, 1942 and that I last saw him alive on Jan. 13, 1942

Immediate cause of death: Apoplexy. — Duration: 1 da.

Due to: Aneurism, carotid cavernous sinous — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan. 12, 1942

Major findings of operation: Partial ligation of carotid artery; arteriogram

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Adams M. D.
Address USMarine Hospital, Baltimore, Md. Date signed 1/3/42

VS 8

F 88016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 88016 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. B. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: - Late address
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 N. Pow St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Opal Burkhammer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Roy Price

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 6-20-1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
40	6	20		

9. Birthplace Weston W. Va (Town, county, and state)

10. Usual Occupation Home - keeper

11. Industry or business —

FATHER 12. Name Albert Neal

13. Birthplace W. Va

MOTHER 14. Maiden Name Nitty Skidmore

15. Birthplace W. Va

16 (a) Informant Wm K. Burkhammer

(b) Address 207 S. Fayette Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 15th 1942 (month) (day) (year)

(c) Cemetery or crematory Weston -

Location West Virginia

18 (a) Funeral director Charles Jos Dell

(b) Address 154 E. Fort Ave

19 JAN 13 1942 (Date rec'd by registrar) (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1942, at 10:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration

Due to Vomitus

Due to

Other Conditions Signs of manual strangulation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-10-42 at 9.45 P M
(c) Where did injury occur? 2021 Hanking Jones Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury See above

23. Signature Howard J. Weddell M.D. Medical Examiner.

Date signed 1-11-42

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

F 88017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E Registered No. F 88017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, so state. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 Club Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Club Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Albert H Beimschla

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: BerthaW Beimschla
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): May 7th. 1873

8. AGE: Years	Months	Days	If less than one day
68	8	4	hr. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Butler
11. Industry or business:

FATHER
12. Name: Henry Beimschla
13. Birthplace: unknown

MOTHER
14. Maiden Name: Sophia Rixey
15. Birthplace: unknown

16 (a) Informant: Bertha W Beimschla
(b) Address: 7 Club Road

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof: Jan. 14-1942 (month) (day) (year)
(c) Cemetery or crematory: Louden Park Cem.
Location:

18 (a) Funeral director: E. Schloman & Son
(b) Address: 1039 Hanover St.

19 (a) JAN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1942, at 9 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942, to Jan 11 1942, and that I last saw him alive on Jan 11 1942.

Immediate cause of death: Myocardial Insufficiency — Duration 6 hrs.
Due to: C.P.C. Lungs & Kidneys — 3 weeks
Due to: ____
Other Conditions: ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____
23. Signature: E. W. Townsend, M. D.
Address: 806 N Fulton Ave Date signed: Jan 13 1942

VS 3

88018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No. E 88018

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address
(c) Hospital or institution: Monument St & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca R. Lebow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Maurice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1890

8. AGE: Years	Months	Days	If less than one day
52	0	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Jacob Levinson
13. Birthplace Russia

MOTHER
14. Maiden Name Adele Baitchman
15. Birthplace Russia

16 (a) Informant Maurice Lebow
(b) Address 2125 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 13 1942 (b) Huntington Maryland

VS 8

PLEASE WRITE PLAINLY. Items must be correct age is especially important. Physicians: please

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 19 42 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 19 41 to 1/13 19 42, and that I last saw h[illegible] alive on 1/13 19 42

Immediate cause of death: Metastatic carcinoma - ? of ovary
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations: Metastatic carcinoma
Of autopsy

Duration
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. Kleiman MD M. D.
Address Sinai Hospital Date signed 1/13/42

88019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64-C

F 88019 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lord Baltimore Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Madison Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Saltzer
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Georgie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 8, 1882
8. AGE: Years 59/60 | Months 0 | Days 5 | If less than one day hr. min.
9. Birthplace Chicago Ill (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Sol Saltzer
13. Birthplace Hungary

MOTHER
14. Maiden Name Leah Zipser
15. Birthplace Hungary

16 (a) Informant Mrs Josefa Saltzer
(b) Address Madison Apts
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/42 (month) (day) (year)
(c) Cemetery or crematory Boston Mass
Location
18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave
19 JAN 13 1942 (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 9.25 a M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/13/42 at 9.45 M
(c) Where did injury occur? 729 Lord Baltimore Hotel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pistol
23. Signature Wm. E. Vanderhoof M.D. Medical Examiner.
Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 6

88020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-

Registered No. E 88020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 N. Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Belnord Ave (If rural give location)
Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Zitnik

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Zitnik (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1861

8. AGE: Years	Months	Days	If less than one day
80 81	8	1	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Matthew Killian
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Perno
15. Birthplace Bohemia

16 (a) Informant Emma Mayrar
(b) Address 1436 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Frank Brockdorf
(b) Address 2614 E. Chester St

19 JAN 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to Jan 11 1942, and that I last saw h[illegible] alive on Jan 11 1942.

Immediate cause of death
Cerebral Hemorrhage — Duration 1 D 6 Hr
Due to Arterio Sclerosis — 1938
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Roarer
Address Poe & Davis Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spelling of names, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

88021 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 88021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Be sure that the information given is correct and complete. Ages, dates of birth, and birthplaces must be stated. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3617 Hiebury Ave
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3617 Hiebury Ave City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Gary Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1938

8. AGE: Years	Months	Days	If less than one day
3 yr	4	28	hr. min.

9. Birthplace Baltimore Md. (City, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. Clarence H. Fisher
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Kates
15. Birthplace Baltimore, Md

16 (a) Informant Clarence H Fisher
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Ave. Balto Md

18 (a) Funeral director C. M. Wall
(b) Address Govans Md

19 JAN 13 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1942 at 6:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1942 to 1-12 1942 and that I last saw him alive on 1-12 1942

Immediate cause of death	Duration
Heart failure	
Due to Hypertension	2 yrs.
Due to Acute nephritis	2 wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Kidney passing Hospital Baltimore Coroner

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Mary K. Hayhurst M. D.
Address Lunacy Commission Date signed 1-12-42

VS 2

88022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E Registered No. E 88022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Archer
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Archer (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma C. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Williams | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1889

8. AGE: Years 52 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name William F. Taylor

13. Birthplace Md

MOTHER 14. Maiden Name

15. Birthplace md

16 (a) Informant Mrs Ida Burraugh

(b) Address 6018 Sharp Rd. Walch 0-6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Samuel K. Chase Kerr

(b) Address 638 N. Gilmor St

19 JAN 13 1942 (Date rec'd by registrar) Remington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1942 at 2 a. m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6-1942 to 1-12-1942 and that I last saw h-- alive on 1-12-1942.

Immediate cause of death

Endocarditis & Senility

Due to ✓

Due to ✓

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Carper M. D.

Address 1016 S. Sharp Date signed 1-13-42

VS 3

88023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55F

F 88023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. V (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Gladys IRENE Merryman Gulden
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-18-5893
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Edgar Gulden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 27, 1903
8. AGE: Years 38 Months 8 Days 17 If less than one day hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Ellsworth Merryman
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Margaret Williams
15. Birthplace: Maryland

16 (a) Informant: Mr. W.E. Gulden
(b) Address: Cockeysville Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 16, 1942 (month) (day) (year)
(c) Cemetery or crematory: Poplar Church
Location: Cockeysville Md.
18 (a) Funeral director: Gardner & Burke
(b) Address: Sparks, md.
19 (a) MAR 12 1942 (Date rec'd by registrar) (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 13, 1942, at 3 30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9, 1941 to Jan. 13, 1942 and that I last saw h[illegible] alive on Jan. 9, 1942
Immediate cause of death: Respiratory failure — Duration: 2 mos.
Due to: Metastatic carcinoma of lung. — Duration: 1½ yrs.
Due to: Metastasis from basal cell Carcinoma of ear — Duration:
Other Conditions: Complicated metastatic Carcinoma.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Complicated metastatic Carcinoma

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: L. Leslie M. D.
Address: Union Memorial Hosp. Date signed 1-13-42

VS 3

F 88024 | BALTIMORE CITY HEALTH DEPARTMENT | F 88024

CERTIFICATE OF DEATH

127-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 34 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Verna Alice Crouch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Samuel Crouch
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 3/10/77

8. AGE: Years	Months	Days	If less than one day
64 54	10	3	hr. min.

9. Birthplace Gettysburg Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Bair
13. Birthplace Lebanon Pa

MOTHER
14. Maiden Name Eliz. Slaybaugh
15. Birthplace Orangeville Pa

16 (a) Informant Samuel Crouch
(b) Address 511 N. Fulton Ave.

17 (a) BURIAL (b) Date thereof JAN. 16. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WESTMINSTER
Location WESTMINSTER. MD.

18 (a) Funeral director H.B. ANKARD & SON
(b) Address WESTMINSTER, MD.

19 (a) [illegible] (b) [illegible] Washington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 11.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13/1942 to 1/13/1942 and that I last saw her alive on 1/13/42.

Immediate cause of death
Anaesthesia, Operative Shock
Due to Empyema of Gallbladder
Due to
Other Conditions Diabetes, Obesity Hypertension
(Include pregnancy within 3 months of death)
Date of operation 1/12/42
Major findings of operations Empyema of Gallbladder
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. G. Crouch M. D.
Address Univ. Hosp. Date signed 1/13/42

F 88025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: (Mildred Patient Read: Catholic)
(a) State N.Y. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 653 Union St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 091-10-8717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Carpenter.

11. Industry or business

FATHER
12. Name Mayer H. Lewis
13. Birthplace Russia.

MOTHER
14. Maiden Name Lena
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-42 (month) (day) (year)
(c) Cemetery or crematory New York City
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1432 E. Balt St.

19 (a) 1-14-1942 (Date received by local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1942, at 2:40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Epilepsy; etiology undetermined — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Glendenning M.D.
Medical Examiner.
Date signed 1/12/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

V8 6

F 88026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 88026 Registered No. -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 N. Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA L. GETTMAN

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Emil Gettman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1850

8. AGE: Years 91 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Henry Gregory
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susanna C. Tadamore
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Cora Gettman
(b) Address 441 N. Linwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Colgate, Md.

18 (a) Funeral director John Wesel
(b) Address 2008 Orleans St.

19 (a) JAN 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1942, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8/ 19 42 to 1/11/ 19 42 and that I last saw her alive on 1/11/42

Immediate cause of death: Cerebral Hemorrhage — Duration 48 hrs.

Due to: Hypertension — 10 yrs.

Due to: Arteriosclerosis — 15 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Hermann M. D.
Address 2913 E. Baltimore Date signed 1/13/42

VS 2

F 88027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D

Registered No. F 88027

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4147 Mark Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4147 Mark Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Collins

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-1473

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Nettie Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18 1900

8. AGE: Years	Months	Days	If less than one day
41	9	25	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Welder
11. Industry or business

FATHER
12. Name William F Collins
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Prindle
15. Birthplace Md

16 (a) Informant Mrs Nettie Collins
(b) Address 4147 Mark Ave

17 (a) Burial (b) Date thereof Jan 16 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

JAN 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1941, to Jan 13 1942, and that I last saw h[illegible] alive on Jan 12 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	15 MINS.
Due to Rheumatic Heart Disease	30 YRS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Hunelfarb
Address 5444 Belair Rd Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every answer must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 88028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be correctly stated. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 W^a Eldeny (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Amelong

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wid

6 (b) Name of husband or wife Frank Amelong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1881

8. AGE: Years	Months	Days	If less than one day
61	7	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER 12. Name	John Schaefer
FATHER 13. Birthplace	Baltimore
MOTHER 14. Maiden Name	Dont Know
MOTHER 15. Birthplace	Baltimore

16 (a) Informant Mrs Rose Kowalski
(b) Address 1520 Vespa Ave Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City

18 (a) Funeral director John Ulrich
(b) Address 2007 Orleans St

19 (a) JAN 14 1942 (Date rec'd by Registrar) Huntington, Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/42 19 , at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1942 to 1/12 1942, and that I last saw him alive on 1/12 1942

Immediate cause of death: Cardiac Resp failure — Duration
Due to Pulmonary Edema
Due to Arteriosclerotic Cardiovascular Disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Russakoff
Address Sinai Hosp Date signed 1/13/42
C. H. Russakoff for C. H. Mitchell

VS 3

F 88029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88029 1131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 E. Fort ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E. Fort Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dominick Boccato

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Teresa Fazio

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1869

8. AGE: Years	Months	Days	If less than one day
72	11	10	hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Fruit

11. Industry or business Retired

FATHER
12. Name Pasquale Broccato
13. Birthplace Italy

MOTHER
14. Maiden Name Lucia Cerame
15. Birthplace Italy

16 (a) Informant Lucia Zeone
(b) Address 620 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore St.

19 (Signature of Local Registrar) Huntington Williams, M.D. Registrar

JAN 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1941 to Jan 12 1942, and that I last saw alive on Jan 11 1942.

Immediate cause of death: Cardio-Vascular-Renal Disease — Duration: 2 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Barranco M. D.
Address 436 E Fort Ave Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING [illegible] correct age is especially important. Physicians: please write the causes of death clearly.

VS 8

F 88030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88030

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 W. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 W. Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 48 yrs. yrs.

3 (a) FULL NAME Rosaria Liberto

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Giovanna Liberto

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1872

8. AGE: Years 69 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business Own home

FATHER
12. Name Vincent Zito
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Zito
15. Birthplace Italy

16 (a) Informant Giovanna Liberto
(b) Address 511 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, '42 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral
Location Baltimore, Md.

18 (a) Funeral director Joseph Faraci, Inc.
(b) Address 2013 Greenmount ave.

19 JAN 14 1942 (Date received) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 19 42 to Jan 11 19 42 and that I last saw alive on Jan 11 19 42

Immediate cause of death
Acute Dilatation of Heart.
Due to
Due to
Other Conditions Bronchial Pneumonia
(Include pregnancy within 3 months of death)

Duration: 3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Lichtenberg M. D.
Address 1111 Madison Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 88031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88031

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 3230 Sequoia Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 OverView Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Rosen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1886

8. AGE: Years	Months	Days	If less than one day
55	7	8	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired Bottling Busin

FATHER
12. Name Hyman Rosen
13. Birthplace Russia

MOTHER
14. Maiden Name Celia Tiskes
15. Birthplace Russia

16 (a) Informant Yetta Rosen
(b) Address 3703 Overview Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetrery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 JAN 14 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1939 to 1/11 1942 and that I last saw h[illegible] alive on 1/11 1942

Immediate cause of death — Duration

Acut Pulmonary Edema

Due to Ch Myocarditis

Due to Ch Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Hermstein
Address 733 Aisquith St Date signed 1/13/42 D

*PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 88032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47-a

F 88032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 Boone Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Boone St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Randolph Burgess

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susan Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1867

8. AGE: Years	Months	Days	If less than one day
74	7	17	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Retired Blacksmith
11. Industry or business

FATHER
12. Name John Burgess
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Sarah E. Askey
15. Birthplace Baltimore Md

16 (a) Informant Mrs Susan Burgess
(b) Address 1905 Boone Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Albert W. Burgess
(b) Address 440 E North Ave

19 (a) Jan 14 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13. 1942 at 6.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1941 to Jan 13 1942 and that I last saw alive on Jan 13 1942.

Immediate cause of death: Carcinoma of Larynx — Duration 7 Mos

Due to:

Due to:

Other Conditions Bacteria & Metastasis — Duration Hours

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Albert Burgess
Address 1905 Boone St Date signed 1-14-42 M.D.

88033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88033 1

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 63 W. West St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 4 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence G. Wesley

If U.S. Veteran specify WAR

(a) Residence: No. 63 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Wesley

6. DATE OF BIRTH (month, day, year): Aug - 10 - 1894

7. AGE: Years 47 | Months 4 | Days 19 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Dec - 41
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William Holmes
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Eagle
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Jeremiah Holmes 63 W West

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: 1/14 1942

19. UNDERTAKER (Address): Walter E. Pentz & Co. 736 W. Lanvale St.

20. JAN 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan - 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1942 to Jan 9, 1942

I last saw her alive on Jan 8, 1942 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

acute Lobar Pneumonia — Date of onset Jan

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm Franklin M. D.

(Address) 1422 E Lee

N. B.—WHITE PAPER. Information should be carefully supplied. All information should be carefully supplied. Any information should be carefully supplied. Any information should be carefully supplied. Any

F 88034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 88034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle A. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife J. Robert Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1887

8. AGE: Years 54 | Months 8 | Days 30 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Andrew Snyder
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara V. Weaver
15. Birthplace Baltimore, Md.

16 (a) Informant J. Robert Schmidt
(b) Address 206 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Richard Flannery
(b) Address 1426 Light Street.

19 (a) JAN 14 1942 (Date received by registrar) JAN 14 1942 Huntington Pittsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1942, at 9-30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to Jan 12 1942 and that I last saw h[illegible] alive on Jan 12 1942

Immediate cause of death
Uremia — Duration 2 days
Due to Chronic Nephritis — 2 yrs
Due to Hypertension — 2 yrs
Other Conditions Carbuncle upper-arm & left shoulder — 2 yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Mills M. D.
Address 1258 Arcadia Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and accurately.

VS 2

F 88035 Elizabeth Etta Kunkel F 88035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 886 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 E. 28th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes name country

3 (a) FULL NAME Elizabeth Etta Kunkel 47362

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1918

8. AGE: Years 23 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John H.
13. Birthplace Md

MOTHER
14. Maiden Name Emma Wallace
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany -16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 14 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942, at 6:00a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1939 to Jan 13 1942 and that I last saw her alive on Jan 13 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 32 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-15-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 88036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-F

F 88036
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" inserted where necessary. Do not use abbreviations. The certificate must be filed with the Registrar before the funeral. Information as to personal particulars must be obtained from the most reliable person available. Statements of facts relating to cause of death must be certified to by the physician last in attendance. Underlining the cause to which death should be charged statistically. Physicians: please write the cause of death clearly and legibly. Be sure that the age, color and condition are correctly stated. Do not report "infant," "child," "baby," "stillborn," "aged," "adult," "boy," "girl," "man," "woman," "male," "female," "unknown," "negro," "colored," "white," "Jew," "Hebrew," "Caucasian," "Mongolian," "Indian," "American," "Canadian," "German," "Irish," "Italian," "Polish," "Russian," "Swedish," "Norwegian," "Scotch," "English," "French," "Spanish," "Portuguese," "Japanese," "Chinese," "Filipino," "Hawaiian," "Porto Rican," "Cuban," "Mexican," "Indian," "Canadian," "Australian," "New Zealander," "South American," "Central American," "West Indian," "East Indian," "Arabian," "Turkish," "Syrian," "Armenian," "Greek," "Roumanian," "Bulgarian," "Serbian," "Montenegrin," "Albanian," "Croatian," "Slovenian," "Bosnian," "Herzegovinian," "Dalmatian," "Slavonian," "Moravian," "Bohemian," "Czechoslovakian," "Hungarian," "Austrian," "Swiss," "Dutch," "Belgian," "Luxemburger," "Danish," "Icelandic," "Finnish," "Lapp," "Esthonian," "Latvian," "Lithuanian," "Russian," "Siberian," "Tartar," "Mongolian," "Chinese," "Japanese," "Korean

F 88037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Bolton St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Bolton St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Corinne Kemp

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-25-1859

8. AGE: Years 82 | Months 7 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Thos Kemp
13. Birthplace Balto Md

MOTHER
14. Maiden Name Maria Stocker
15. Birthplace Balto Md

16 (a) Informant Mrs Mary L Gorsuch (sister)
(b) Address 1422 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany-15-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W North Ave.

19 (a) JAN 14 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1942 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942, to Jan 13 1942 and that I last saw h[illegible] alive on Jan 13 1942

Immediate cause of death: acute cardiac dilatation — Duration: 1 day
Due to: Myocarditis (acute)
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos M Settle M. D.
Address 2435 Maryland Ave Date signed 1/14/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and accurately.

VS 3

F 88038
MA70904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 88038
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (if outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Mullikin Street (if rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edwards

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1883

8. AGE: Years	Months	Days	If less than one day
58	5	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name John Edwards
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Maryland

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Cabary
Location a. a. co Md

18 (a) Funeral director Benoni Maggie M. Wright
(b) Address 1718 Eldersley St

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williamsburg, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1942 at 5 48 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942 to 1-8 1942 and that I last saw h alive on 1-8 1942.

Immediate cause of death
Bronchopneumonia
Lung tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?

Date of operation
Major findings of operation:
of autopsy: No above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

VS 3

F 88039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 E

F 88039
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write "None" where necessary. Do not use ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 Rayner Ave
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore County
(c) City or town Baltimore County
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Penhurst
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mr William H. Silwright

3 (b) If veteran, name war ----
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 6. 1866
8. AGE: Years 75 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.
9. Birthplace Grafton W. Va.
(Town, county, and state)
10. Usual Occupation Commission Merchant
11. Industry or business

FATHER
12. Name Wm. H. Silwright
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary J. McKey
15. Birthplace Balto. Md.

16 (a) Informant Miss. Elizabeth Silwright
(b) Address 4313 Penhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park.
Location Woodlawn Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 14 19[illegible] Huntington Williams [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1942 at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1942 to 1-12 1942 and that I last saw h alive on 19 .

Immediate cause of death Intestinal obstruction from Carcinoma of sigmoid colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1-11-42
Major findings of operation: Carcinoma of sigmoid colon
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Wallenstein M. D.
Address [illegible] Date signed 1/14/42

F 88040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 88040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 Division Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Fuller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
M	Color	married

6 (b) Name of ~~husband~~ or wife Addie Fuller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business C.O

FATHER 12. Name Roy Fuller
13. Birthplace South Carolina

MOTHER 14. Maiden Name Unknown
15. Birthplace South Carolina

16 (a) Informant (Wife) Addie Fuller
(b) Address 1820 Division St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County

18 (a) Funeral director Roberts & Williams
(b) Address 1515 Mc Elderry St.

19 (a) JAN 14 1942 (Date received by Local Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1941, to Jan 13 1942, and that I last saw him alive on Jan 7 1942.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 6 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Williams Treas M.D.
Address 1928 Penna Ave Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

F 88041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88041 Registered No. 95-c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Hospital~~ Monument & Rutland
(c) Hospital or institution: Sinai Hospital, Inc
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo, 13 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 N. Smallwood (If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

15

3 (a) FULL NAME Isadore Bugatsch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fannie Bugatch
6 (c) If alive, give age: 73 years
7. Birth date of deceased (mo., day, yr.): 1866
8. AGE: Years 76 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (town, county, and state)
10. Usual Occupation: Re Tailor
11. Industry or business

FATHER
12. Name: Samuel Bugatch
13. Birthplace: R.

MOTHER
14. Maiden Name: Ella Bichovsky
15. Birthplace: R.

16 (a) Informant: B. Bugatch
(b) Address: 825 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-42 (month) (day) (year)
(c) Cemetery or crematory: Smallwood et corp
Location: Rosedale
18 (a) Funeral director: Sol Levin, Inc
(b) Address: 1439 E. Baltimore St

19 (a) JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942; at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5, 1941. to Jan 13 1942 and that I last saw h~~im~~er alive on Jan 13, 1942.

Immediate cause of death: Bronchopneumonia — Duration:
Due to: Senility, generalized arteriosclerosis
Due to: Cardiac hypertrophy & dilatation
Other Conditions: Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Shenfine, M.D.
Address: Sinai Hospital Date signed 1/13/42

Please write plainly. Physicians: please fill in all items. Information must be complete and correct age is especially important.

VS 3

F 88042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88042 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 DAYS.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Rhodes Pt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 45
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evans - John OLIVER

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Evans - Jennie

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 2/19/80

8. AGE: Years 61 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Evans - Alec
13. Birthplace Maryland

MOTHER
14. Maiden Name UNKOWN
15. Birthplace MARYLAND

16 (a) Informant
(b) Address JOHNS HOPKINS HOSP.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16/42 (month) (day) (year)
(c) Cemetery or crematory RHODES POINT CEM.
Location RHODES POINT MD.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. HOLLY ST.

19 (a) JAN 14 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 13 1942 and that I last saw him alive on Jan 13 1942

Immediate cause of death Myocardial failure

Due to ? Cerebral thrombosis

Due to Septic emboli from staph. aureus

Other Conditions Diabetes mellitus Arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation 1-8-42 & 1-6-42

Major findings of operation: Carbuncle of neck

of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Williams Geo. Walker M. D.
Address Johns Hopkins Hospital Date signed 8-13-42

PLEASE WRITE PLAINLY. All items must be answered or "unknown" stated where correct answer is not known. Physicians: please write the cause of death clearly, as correct age is especially important.

VS 3

F 88043 F 88043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as known. Physicians: please write the causes of death clearly and legibly. Underline the cause for which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 W. Harrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give township)
(d) Street No. 3704 W. GARRISON AVE
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB GROSSMAN

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Liba Grossman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months — | Days — | If less than one day hr. min.

9. Birthplace Rumania (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Morris Grossman

13. Birthplace Rumania

MOTHER 14. Maiden Name Yetta —

15. Birthplace Rumania

16 (a) Informant M. D. Grossman

(b) Address 3704 W. Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-42 (month) (day) (year)

(c) Cemetery or crematory Maryland Lodge Hebrew Woodlawn

Location Baltimore Md.

18 (a) Funeral director Joseph Levy Inc

(b) Address 1739 E. Balto. St.

19 (a) JAN 14 1942 (b) Registrar

(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942 at 11 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 13 1942 and that I last saw him alive on Jan 13 1942

Immediate cause of death Cerebral hemorrhage — Duration

arteriosclerosis

Due to Paralysis agitans

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN

Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benjamin Kaden M. D.

Address 2306 Eutaw Pl. Date signed 1-14-42

14 0950

F 88044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88044 1
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 E Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Offner

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0180A

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth S.

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb 7 1874

8. AGE: Years 67 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Tube Div Furnaceman

11. Industry or business Revere-Copper-Brass

FATHER
12. Name Charles Offner
13. Birthplace Germany

MOTHER
14. Maiden Name Philimina Brent
15. Birthplace Germany

16 (a) Informant Elizabeth S. Offner
(b) Address 1835 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 16 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd

18 (a) Funeral director Martin K.C. Dippel
(b) Address 375 S. Ann St

19 (a) JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Jan 13 1942 and that I last saw him alive on Jan 6 1942

Immediate cause of death Cerebral apoplexy — Duration 3 days

Due to Cerebral thrombosis — Duration 7

Due to Arteriosclerosis & Hypertension — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas J Georges M. D.
Address 700 N Rutland Ave Date signed 1/13/42

VS 3

F 88045 LUBY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88045 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 maryland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 maryland ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J. Luby

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Estella Luby 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	4	26		

9. Birthplace new York (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick Luby
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Dunn
15. Birthplace Ireland

16 (a) Informant Estella Luby
(b) Address 2802 Maryland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) JAN 14 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1941, to 1-12 1942 and that I last saw h[illegible] alive on 1-12-42 1942

Immediate cause of death: ventric Cardiac dilatation with Pulmonary Edema — Duration: 1 day

Due to arterio sclerosis chronic Cardiac — Duration: 2 or 3 years

Due to Hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S T Cross M. D.
Address 28 W 25th St Date signed 1-3-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Age is especially important.

VS 3

F 88046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 88046 ! Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Keeleaire
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph W Reilly

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 214-18-7252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara V Reilly
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct 28 1914

8. AGE: Years	Months	Days	If less than one day
27	2	30	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retail Meat Mkt
11. Industry or business

FATHER
12. Name Thomas J Reilly
13. Birthplace Reading Pennsylvania

MOTHER
14. Maiden Name Berta E. Grieg
15. Birthplace Reading Pa

16 (a) Informant Thomas Reilly
(b) Address 2809 Keeleaire

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J Buck
(b) Address 6800 Reisterstown Rd

19 (a) JAN 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942, at 1.55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942, to Jan 13 1942, and that I last saw h[illegible] alive on Jan 12 1942

Immediate cause of death. Mitral Regurgitation Decompensation — Duration 7 days

Due to Influenza — 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos F. Stevens M. D.
Address 2876 Harford Rd Date signed Jan 14 42

VS 3

F 88047
SS 71061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/13 B

F 88047
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1, 1884

8. AGE: Years	Months	Days	If less than one day
57	1	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Thomas Whitlow
13. Birthplace ?

MOTHER
14. Maiden Name Anna Borden
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof JAN 14-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Pott & B. M. Walter
(b) Address Pratt & Stricker Sts
Huntington Indiana, Ind.

19 (a) Date received by registrar JAN 19 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1942, at 5-15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1942 to 1-11 1942, and that I last saw h alive on 1-11 1942.

Immediate cause of death Pulmonary tuberculosis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Calhoun M. D.
Address Bath. City Hosp. Date signed 1-12-42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly and fully. Underline the cause to which death should be charged statistically. Date of birth is especially important.

F 88048

MA 70979-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93-D

F 88048 Registered No.

PLEASE WRITE PLAINLY. Fill out completely and correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5823 Belair road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Mechalske

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1859

8. AGE: Years	Months	Days	If less than one day
82	0	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mechalske
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia
15. Birthplace Germany

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's - (Humphreys) Location

18 (a) Funeral director Randell E. Humphreys.
(b) Address 4700 Broadway.

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1942, at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1942 to 1-10 1942, and that I last saw h alive on 1-10 1942

Immediate cause of death: Cardiac failure — Duration: 7
Due to: Hypertensive C. V. Lesion — Duration: 7
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K Rathbun M. D.
Address Balto. City Hosp Date signed 1-12-42

VS 3

F 88049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2312 Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2312 Stockton St (If outside city or town limits, write RURAL and give town)
(d) Street No. Belhaven (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brenda George (Birth F-35551)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo.) Sept 18 1941

8. AGE: Years	Months	Days	If less than one day
	4 3	2 5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Alfred Smyth

13. Birthplace Md

MOTHER 14. Maiden Name Mary Gleorge

15. Birthplace Md.

16 (a) Informant Mary Gleorge

(b) Address 2312 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. L. Nelson

(b) Address 1303 Pennsylvania Ave

19 (a) JAN 14 1942 (Date received by registrar) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 11 42 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lobular pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Wandersleben M.D. (Medical Examiner)

Date signed 1/13/42

VS 6

Please write plainly. Physicians: please write the cause of death clearly and correct age is especially important.

F 88050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 88050 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thomas Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-3548

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	married

6 (b) Name of husband or wife Eva Lee
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct 16 1897

8. AGE: Years	Months	Days	If less than one day
47	2	28	hr. min.

9. Birthplace St. Mary Co. Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Attendt Furnaces & Foundry

FATHER
12. Name Philip Lee
13. Birthplace St Mary Co. Md

MOTHER
14. Maiden Name Elizabeth Thomas
15. Birthplace St. Mary Co. Md

16 (a) Informant Jane Amy Fenwick
(b) Address 919 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman

19 (a) JAN 14 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6- 1942 to 1-14 1942 and that I last saw him alive on 1-13 1942.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Arterio Sclerosis	unknown
Due to	
Other Conditions Pulmonary T.B.	unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 1-14-42

PLEASE WRITE correct age is especially important. Physicians: please write the cause of death

F 88051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88051 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Spalding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Spalding Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Milton Gill

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-3303

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Elizabeth Gill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1894.

8. AGE: Years	Months	Days	If less than one day
47	5	3	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Ice-Cream

FATHER
12. Name Geo. E. Gill
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary H. Pyeritz
15. Birthplace Germany

16 (a) Informant Mary Elizabeth Gill
(b) Address 3100 Spalding Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42. (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland.

18 (a) Funeral director Laring Byers
(b) Address 5005 Park Heights Avenue

19 (a) JAN 14 1942 (Date rec'd by Registrar) by Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1942 to 1/12 1942 and that I last saw him alive on 1/12 1942

Immediate cause of death	Duration
Coronary Occlusion	
Carbon Monoxide	
Due to Asphyxiation - Inhalation of	
Coal Gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth R. Leghimer M.D.
Address 5528 Loch Raven Blvd. Date signed 1/13/42

F 88052 ✓ F 88052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~920 Argyle Ave~~ 2441 Druid Hill Ave.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gallen

3 (b) If veteran, name war

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	Colored	Married	Joseph	years

7. Birth date of deceased (mo., day, yr.) 1/25/1881

8. AGE: Years	Months	Days	If less than one day
60	11	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Rice
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Georgianna Wilbis
15. Birthplace Tappahannock, Va.

16 (a) Informant Milton Hughes
(b) Address 2441 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Georgia A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 19 42 at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 19 42 to Jan. 11 19 42 and that I last saw h[illegible] alive on Jan. 11 19 42

Immediate cause of death: Uremia — Duration 2 weeks

Due to Hypertension Cardiovascular-Renal

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. Higgins M. D.
Address Provident Hospital Date signed 1/17/42

PLEASE WRITE PLAINLY. WITH UNFAILING [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88053 ✓ F 88053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Argyle Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Argyle Av
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Bertha Burr

3 (b) If veteran, name war _____ 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 2-27-1890

8. AGE: Years 0-1 | Months 10 11 | Days 14 | If less than one day hr. _____ min. _____

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name Joshua Brown
13. Birthplace Anne Arundel Co. Md

MOTHER
14. Maiden Name Mary Gaither
15. Birthplace Anne Arundel Co. Md

16 (a) Informant Evelyn Talley
(b) Address 2744 ~~Druid Hill~~ Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 14 (day) 42 (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Eva M. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1942, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1941 to 1/11 1942 and that I last saw h alive on 1/10 1942

Immediate cause of death Hypertensive cardio-vascular disease (uremia) — Duration 6 months

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Rayner Browne M.D.
Address 1500 E. Madison St. Date signed 1/14/42

Rayner Browne

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age is especially important.

F 88054 Bougourd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 88054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use typewriter if possible. Do not abbreviate. Give full name of street or number, and correct age in years. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 N Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Bougourd

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John N. Bougourd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1875

8. AGE: Years	Months	Days	If less than one day
66	8	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Valentine Schweiger
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Dunnigan
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ed Bougourd
(b) Address 825 N Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Gardens
Location Century Ave Baltimore Md

18 (a) Funeral director John E Fuller Inc
(b) Address 2425 E Oliver St Huntington Williamsport, Md.

19 (a) (Date received by Registrar) JAN 14 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1942 to Jan 13 1942 and that I last saw h alive on 19

Immediate cause of death
Cerebral hemorrhage
Due to Cerebral arteriosclerosis
Hypertension
Due to
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 hour
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert J. Grandon Reimer, M.D.
Address 901 Lake Drive Date signed 1/13/42

F 88055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88055 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Malinda Edwards

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1862

8. AGE: Years 80 79 | Months ? | Days 7 | If less than one day hr. min.

9. Birthplace Westmoreland Co Va (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Va

MOTHER
14. Maiden Name Penny Gordon
15. Birthplace Westmoreland Co Va

16 (a) Informant Nellie Edwards
(b) Address Pittsburgh Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory
Location Wayne Junction Pa

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Braddock Ave

19 (a) (Date received by Registrar) JAN 14 1942 (b) Huntingdon Pa (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1942 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1941 to Jan 11 1942 and that I last saw her alive on Jan 11 1942

Immediate cause of death: Chronic Nephritis — Duration —
Due to Chronic Nephritis
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 604 N Broadway Date signed 1/14/42

40 88056 V X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

F 88056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Youngstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Wenona Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Gessner

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Ruth Robison
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) 9-13-78
8. AGE: Years 63 Months 4 Days 10 If less than one day hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Judge
11. Industry or business

FATHER
12. Name John Gessner
13. Birthplace Ohio

MOTHER
14. Maiden Name Lucy Eichburn
15. Birthplace Ohio

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 14, 42 (month) (day) (year)
(c) Cemetery or crematory Youngstown, O
Location Oak Ridge
18 (a) Funeral director Mahler Bros
(b) Address North & Fayette
19 (a) JAN 14 1942 (Date filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-1942 at 9:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12-1942 to 1-13-1942 and that I last saw h[illegible] alive on 1-13-1942.

Immediate cause of death Brain Tumor - glioma - not malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1-13-42
Major findings of operations: Brain Tumor
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hosp. Date signed 1-13-42

Please write clearly. Physicians: please write the cause of death in such a way that correct age is especially important.

VS 3

F 88057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-T

F 88057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rockdale (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Marriott Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jacob Hinkel (Jacot Ninkel)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 1867

8. AGE: Years 74 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Irving Subock
(b) Address 3615 Marriott Road, Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Randallstown, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 (a) JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1941 to 1/13 1942. and that I last saw h[illegible] alive on 1/12 1942

Immediate cause of death

	Duration
Coronary occlusion	1 day.
Due to Arteriosclerotic heart dis	?
Due to Bladder stone	
Other Conditions Gangrenous cystitis 2 wks	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Ward

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Wolf M. D.

Address WPGH. Date signed 1-13-42

F 88058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 88058

Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and accurately. Correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 619 E. 36th Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 619 E. 36th Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

9-3

3 (a) FULL NAME Lucinda Adelaide McKim

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William S. McKim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 17, 1871

8. AGE: Years 70 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace: Chicago, Illinois (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER

12. Name: Alexander Youker

13. Birthplace: Toronto, Canada

MOTHER

14. Maiden Name: Celestial Lane

15. Birthplace: Napanee, Canada

16 (a) Informant: Mr. C. Ernest LaBarrer

(b) Address: 619 E. 36th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.

(b) Address: Forth & Pa. Avenues

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1942, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1940 to Jan 12 1942, and that I last saw h[illegible] alive on December 1941.

Immediate cause of death: Acute Cardiac Dilatation — Duration: Few days

Due to: Arteriosclerosis, senile Myocarditis — Duration: Many years

Due to: Nephritis Hypertension Cardiac Arteriosclerosis — Duration: 2 yrs. 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. L. Leary M. D.

Address 3025 Belair Rd. Date signed 1-13-42

88059 Benaiah Thornton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953

F 88059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St + Calvert
(c) Hospital or institution: U M Ht
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 E Belvedere ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Benaiah Thornton

3 (b) If veteran, name war WORLD WAR -1-

3 (c) Social Security Account No. 215-10-1552

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wd

6 (b) Name of husband or wife Mrs Rosa Thornton

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Dec 15. 1890

8. AGE: Years 51 | Months | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Supt. Burial Ins.

11. Industry or business Fidelity Deposit Co

FATHER
12. Name George B Thornton
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Minnie Kelly
15. Birthplace Balt Md

16 (a) Informant Wife
(b) Address 1307 E Belvedere Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)
(c) Cemetery or crematory LORRINE
Location HILLSVILLE MD

18 (a) Funeral director John B Kenny
(b) Address 1242 Eastern Ave

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1942 to 1-12 1942, and that I last saw h[illegible] alive on 1-11 1942.

Immediate cause of death resp failure — Duration

Due to decompensation

Due to Rheumatic heart dis — years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nash M.D.
Address Hospital Date signed 1-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

88060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 88060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 GROVELAND AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 GROVELAND AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

28 1

3 (a) FULL NAME IRA E. EYLER, SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	MARRIED

6 (b) Name of husband or wife MARY ELEANOR
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT 12, 1873

8. AGE: Years	Months	Days	If less than one day
68	4	1	____ hr. ____ min.

9. Birthplace FREDERICK CO. MD. (Town, county, and state)
10. Usual Occupation PLUMBER
11. Industry or business PLUMBING

FATHER
12. Name JACOB MONROE EYLER
13. Birthplace FREDK. CO. MD.

MOTHER
14. Maiden Name MARYELLEN STAMP
15. Birthplace FREDK. CO. MD.

16 (a) Informant IRA E EYLER, JR.
(b) Address MARTINSBURG, W. VA.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location WOODLAWN CEMETERY

18 (a) Funeral director Walter Brooke Bradley
(b) Address 922 W. NORTH AVE

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 13 1942 and that I last saw [illegible] alive on Jan 13 1942

Immediate cause of death: Coronary Thrombosis — Duration 2 wks

Due to: Cardiac Arteriosclerosis — Duration

Due to: Chronic — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A Abrahamson M. D.
Address 4613 Park Heights Ave Date signed 1-13-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full words. Do not use abbreviations. Make entries in all spaces. If none, write NONE. If unknown, state so. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

E 88061 | KAELBER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. E 88061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 S. Clinton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 S. Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Kaelber

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Anna (Borkert)
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct. 22 - 1870

8. AGE: Years	Months	Days	If less than one day
71	2	20	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Comm Cab & Sal Co

FATHER
12. Name Christ Kaelber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Anna Kaelber
(b) Address 322 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16 - 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Location Parkville Md.

18 (a) Funeral director John F. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942, at 11:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1941, to 1/12 1942, and that I last saw him alive on 1/12 1942.

Immediate cause of death Myocarditis — Duration

Due to Arterio Sclerosis & Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurlow Flow, M.D.
Address 325 Eastern Ave Date signed 1/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 88062 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 S. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 S. Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celestia J. Bradley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frederick Bradley
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) August 26, 1869

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace Reedsville, N.C. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Samuel Palmer
13. Birthplace Reedsville N.C.

MOTHER
14. Maiden Name Salley Palmer
15. Birthplace Reedsville N.C.

16 (a) Informant Frederick Bradley
(b) Address 1220 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Donnell St.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JAN 14 1942 (b) Registered Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1941 to Jan. 13 1942 and that I last saw her alive on Jan. 12 1942

Immediate cause of death Chronic Myocarditis — Duration

Due to Fight Blood Pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Tod. M. D.
Address 1126 Druid Park Ave Date signed Jan 13/42

F 88063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88063 107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24. S. Augusta ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 24. S. Augusta Ave. (If rural, give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grover S. Gauss

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11-1884

8. AGE: Years	Months	Days	If less than one day
57.	6	1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Mailing Director
11. Industry or business typist.

FATHER
12. Name H. Fred. Gauss
13. Birthplace Germany

MOTHER
14. Maiden Name E. Katherine Stengle
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Gertrude Kern
(b) Address 26. Augusta ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15- 1942. (Month) (day) (year)
(c) Cemetery or crematory Int. Earnd Cem.
Location Baltimore. Md.

18 (a) Funeral director Maurice Cook. Sylvester
(b) Address 1600 W. North Ave.

19 (a) JAN 14 1942 Hunting to Wilmington, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1942. at 10-P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942. to Jan 12 1942
and that I last saw h[illegible] alive on Jan 12 1942

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to
Due to
Other Conditions Acute bronchitis. Acute bronchitis. Acute bronchitis. (Include pregnancy within 3 months of death) — 2 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Collison M.D. M. D.
Address 3321 Fed. Date signed 1-14-41

F 88064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 N. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 816 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie McC Nutt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 3, 1894

8. AGE: Years 47 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Boulden
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Md

16 (a) Informant Harry McC Nutt
(b) Address 816 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemetery
Location A. A. County

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 1129 N Caroline

19 (a) JAN 14 1942 Huntington Williams M.D. Registrar
(Must be filed by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1942 at 9 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 1-12 1942 and that I last saw h[illegible] alive on 1-12 1942

Immediate cause of death: Hypertensive cardio-vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration: UN-KNOWN

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.
Address 1500 E. Madison St Date signed 1/13/42

Rayner Browne

88065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 88065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 N. Calvert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 N. Calvert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. John T. Gillard

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 10 — 1900

8. AGE: Years	Months	Days	If less than one day
41	76	328	hr. min.

9. Birthplace Scranton Pa
(Town, county, and state)

10. Usual Occupation Catholic Priest

11. Industry or business

FATHER
12. Name Robert Gillard
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace

16 (a) Informant Rev. Pastorelli
(b) Address 1130 N. Calvert St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Scranton Pa.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 E. North Ave.

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942, at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 1-13-42

VS 6

Please write clearly. Physicians: please write the cause of death correctly. Age is especially important.

F 88066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88066 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials alone. Give correct age in years. Physicians: please write the causes of death clearly and legibly. Answer every question. Where there is no entry, write "None" or "Unknown" as the case may be. Do not leave any blanks. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3713 Mohawk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Mohawk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hans W. Weiss

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9976

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helene W. Weiss
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 28 1879

8. AGE: Years	Months	Days	If less than one day
62	8	15 12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business Bartlett Hayward Co

FATHER
12. Name William Frederick Weiss
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Helene W. Weiss
(b) Address 3713 Mohawk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry A. Arnold
(b) Address 4204 Gatewood Ave

19 (a) JAN 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 12 1942 and that I last saw him alive on Jan 1 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Arteriosclerosis — 1 yr
Due to Chronic Myocarditis — 5 yrs
Other Conditions -

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Arnold M. D. attd
Address 4509 Liberty Heights Ave Date signed 1-10-42

VS 3

88067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1243

F 88067 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 S. Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 S. Augusta Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Millie Cordelia Toomey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nicholas H. Toomey
6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) April 28 1859

8. AGE: Years	Months	Days	If less than one day
82	8	16	hr. min.

9. Birthplace Berkley Co W. Virginia (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Roberts
13. Birthplace West Virginia

MOTHER
14. Maiden Name Nancy Schoppert
15. Birthplace West Virginia

16 (a) Informant Cordelia P. T. Kelly
(b) Address 136 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry A. Almacost
(b) Address 4204 Ridgewood Ave

19 (a) JAN 14 1942 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942 at 9 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to Jan 1942 and that I last saw h[illegible] alive on Jan 13 1942

Immediate cause of death Cirrhosis of Liver — Duration over

Due to Senility

Due to

Other Conditions General arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daly Dunn M. D.
Address Mid Atl Date signed 1-14-42

88068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

F 88068

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as possible. Every question must be answered. Information as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St James Apts. Charles & Centre Sts

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street address 530 N. Charles St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Brookfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Hamford Brookfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1884

8. AGE: Years	Months	Days	If less than one day
57	8	6	hr. min.

9. Birthplace Memphis Tenn. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name William Eugene Mc Guire

13. Birthplace Kentucky

MOTHER

14. Maiden Name Lula Lawrence

15. Birthplace Memphis Tenn.

16 (a) Informant Miss Mary Ella Mc Guire

(b) Address St James Apts. Apt 325

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director J. H. Mears and Son

(b) Address 845 N. Calvert St.

19 (a) JAN 14 1942 (Date received by registrar) (b) Registrar for Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13. 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1942 to Jan 13 1942 and that I last saw h[illegible] alive on Jan 13 1942.

Immediate cause of death

Cirrhosis of Liver — Duration 10 yrs

Due to Chronic alcoholism

Due to

Other Conditions Broncho-pneumonia — 2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. W. Jacobson M. D.

Address 1600 N. Charles St. Date signed 1-14-42

VS 3

88069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a F 88069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Baltimore 1100 Harford Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Harford Avenue (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME John Ruppert

3 (b) If veteran, name war ---- | 3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Gilroy
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 19, 1865

8. AGE: Years	Months	Days	If less than one day
76	6	25	-- hr. ---- min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Adam Ruppert
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Bauer
15. Birthplace Germany

16 (a) Informant Mrs. Marie Kavanaugh
(b) Address 1100 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

19 (a) JAN 14 1942 (Date received by registrar) Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1942 to Jan 14 1942 and that I last saw him alive on Jan 14 1942

Immediate cause of death Shock, Post operative

Due to Ruptured Bladder

Due to Transurethral resection of prostate

Other Conditions Lobar pneumonia, cystostomy

(Include pregnancy within 3 months of death)

Date of operation Jan 13 1942

Major findings of operation: Ruptured bladder confirmed in peritoneal cavity

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Lennon M. D.
Address University Hospital Date signed Jan. 14, 1942

VS 8

F 88070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88070 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Benson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Carney

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1869

8. AGE: Years	Months	Days	If less than one day
70 72	3	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick Carney
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Leyburne
15. Birthplace Ireland

16 (a) Informant Welfare Dept
(b) Address St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 15 / 42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location Baltimore Md.

18 (a) Funeral director John M. Weber
(b) Address 461 S. Chester Street

19 JAN 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 7.20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Landrum M.D. (Medical Examiner)
Date signed 1/13/42

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important.

#R9691 88071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B F 88071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSP.
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Arlington Co. (If outside city or town limits, write RURAL and name town)
(d) Street No. 2424 N. Glebe Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. Not Required

4. Sex M

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-20

8. AGE: Years 21 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Moore

13. Birthplace Va.

MOTHER 14. Maiden Name Irene Blackburn

15. Birthplace Va.

16 (a) Informant Friend

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)

(c) Cemetery or crematory

Location Washington, D.C.

18 (a) Funeral director W. Ernest Jarvis

(b) Address 1432 You St [illegible], WASH. D.C.

19 (a) JAN 14 1942 (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14- 1942 at 2. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1942, to 1-14- 1942 and that I last saw him alive on 1-14- 1942

Immediate cause of death Tuberculous meningitis — Duration 2 weeks

Due to Pulmonary + Spinal T.B. (Pott's Dis) — 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-28-41

Major findings of operation: Spinal Fusion

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Graf M. D.

Address J.H.H. Date signed

VS 3

Form must be filled in correct age is especially important. Physicians: please write the cause of death

88072870

BALTIMORE CITY HEALTH DEPARTMENT,
CERTIFICATE OF DEATH

160-W F 88072
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 Main St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Larry Wantz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	1 Wks.	21	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kenneth Wantz
13. Birthplace Md

MOTHER
14. Maiden Name Helena Kehr
15. Birthplace Pa

16 (a) Informant Ricardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Jan 16 1942
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Silver Run Cemetery
Location Silver Run Md.

18 (a) Funeral director J. W. Little & Son
(b) Address Reisterstown Pa

19 (a) JAN 14 1942 Huntington Williams, M.D.
(Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1942 to Jan 14 1942 and that I last saw him alive on Jan 14 1942.

Immediate cause of death Pneumonia, dehydration, acidosis — Duration 1 wk

Due to

Due to

Other Conditions Intracranial hemorrhage?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anne Fulcher, M. D.
Address Johns Hopkins Hosp Date signed 1-14-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

88073 26 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 88073

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Brodnax (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alease Clary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-30-17

8. AGE: Years	Months	Days	If less than one day: hr.	min.
24	11	14		

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leslie Clary
13. Birthplace Va

MOTHER
14. Maiden Name Lottie Clary
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/14/42 (month) (day) (year)
(c) Cemetery or crematory Lawrenceville Va
Location

18 (a) Funeral director Chas. H. Williams & Son.
(b) Address Lawrenceville, Virginia

JAN 14 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942 at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 14 1942 and that I last saw her alive on Jan 14 1942

Immediate cause of death Nephritis — Duration 15 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Ishagino Jr. M. D.
Address Johns Hopkins Hospital Date signed Jan 14, 1942

PLEASE WRITE PLAINLY. Information requested in all items is important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

F 88074 F 88074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials alone. Be sure to answer each question. If none, write none. If unknown, or if question does not apply, write unknown. Be sure that the cause of death is stated so that it can be understood. Do not use symbols or abbreviations. Be sure that the age is correct. Be sure that the cause of death is clearly and legibly stated. Physicians: please write the causes of death clearly and legibly. Be sure that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 Ruscombe Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Ruscomba Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ellis Ellicott

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Madeleine Ellicott
6 (c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): Nov 3 1861

8. AGE: Years: 80 | Months: 2 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Ellicott City Md
(Town, county, and state)

10. Usual Occupation: Resident of Ellicott
11. Industry or business: Machine Operation

FATHER
12. Name: William M. Ellicott
13. Birthplace: Ellicott City Md

MOTHER
14. Maiden Name: Nancie M. Ellis
15. Birthplace: Ellicott City Md

16 (a) Informant: Charles Ellis Ellicott
(b) Address: 2405 Ruscombe Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1942 (month) (day) (year)
(c) Cemetery or crematory: Ellicott Burial Ground
Location: Ellicott City Md

18 (a) Funeral director: H. H. Jenkins & Son Co
(b) Address: Oakland & McCulloh Sts

19 (a) Date received by local registrar: JAN 15 1942 (b) Registered by (signature): Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1942 at 10.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1941, to 1-13 1942, and that I last saw him alive on 1-13 1942.

Immediate cause of death: CHR. ARTERIOSCLEROTIC HEART DISEASE — Duration: 5 Yrs.
Due to:
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 1-14-42

F 88075 HEALTH DEPARTMENT—CITY OF BALTIMORE F 88075

CERTIFICATE OF DEATH

183-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N Carey St 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Keys

If U. S. Veteran specify WAR

(a) Residence: No. 418 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex f

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatius Key

6. DATE OF BIRTH (month, day, year) Aug 8- 1881

7. AGE: Years 60; Months 5; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Gertrude Hardy

(Address) 418 N. Carey

18. BURIAL, CREMATION, OR REMOVAL Peters Cem Date Jan 7 19 42

19. UNDERTAKER Chas H Elsey Inc

(Address) 438 N. Eutaw St

20. FILED JAN 5 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14- 1942

22. I HEREBY CERTIFY, That I attended deceased from 12/26/41 19 to 1/10/42 19

I last saw her alive on 1/10/42 19 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes if important: Hypostatic Pneumonia	Autumn

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) C. H. Buckalew M. D.

(Address) 926 N. Carey St

State CAUSE OF DEATH in plain (avoid, so that a lay person can understand) terms. OCCUPATION is very important. See instructions on back of certificate.

F 88076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 88076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 N. Carey (If rural give location)
(e) If foreign born, how long in U. S. A.? years

PRINT FULL NAME Ellen Jane Thompkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Dr. John Thompkins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 15, 1881
8. AGE: Years 60 Months 3 Days 27 If less than one day hr. min.
9. Birthplace Benson, Harford Co Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Cohen
13. Birthplace Md

MOTHER
14. Maiden Name Rosetta Franklin
15. Birthplace Md

16 (a) Informant Lillian Thompkins
(b) Address Patapsco Park Co. Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Co
18 (a) Funeral director Sam'l. H. Chase & Son
(b) Address 628 N. Gilmor
19 (a) Huntington Williams, M.D.
JAN 15 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1942 at 8:05 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942 to Jan. 14 1942 and that I last saw deceased alive on Jan. 14 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 12 hours
Due to Hypertension
Cerebral Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 1/16/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

F 88077

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 88077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where exact information is not known, approximate as nearly as possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 N. Carolina St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town MT. HAYES (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Roanoke Ave. Mt Hayes (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Marion H. Christopher

3 (b) If veteran, name war None
3 (c) Social Security Account No. 215-09-8347

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife [redacted] Grace M.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 4, 1905
8. AGE: Years 36 Months 9 Days 10 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Dimension Stock Clerk
11. Industry or business National Casket Co.
FATHER 12. Name Richard A. Christopher
13. Birthplace Maryland
MOTHER 14. Maiden Name Anna Blaich
15. Birthplace Maryland
16 (a) Informant Mrs. Grace M. Christopher
(b) Address 5 Roanoke Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave. E. of
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 JAN 15 1942 (Date received by Registrar) [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/ 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11/42 1942 to 1/14/ 1942 and that I last saw h[illegible] alive on 1/14/ 1942.

Immediate Cause of death
Resp. failure
Due to Pneumonia and atelectasis
Due to Heart failure
Other Conditions Diabetes Mellitus with acidosis
(Include pregnancy within 3 months of death)

Duration: 3 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Tompakov
Address St Joseph's Hospital Date signed 1/14/42

VS 1

F 88078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 E Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Braid, Sr.

3 (b) If veteran, name war: —
3 (c) Social Security Account No. none

4. Sex M Male | 5. Color or race W Female | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Colored C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1877

8. AGE: Years 64 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business St. Andrews Hall

FATHER
12. Name James Braid
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Slidders
15. Birthplace Scotland

16 (a) Informant Ida E. Stewart
(b) Address 1745 E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Wilson & Cook
(b) Address 5147 St Paul St

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Maryland, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942 at 6:35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inq (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 1/13/42

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 88079

F 88079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENIA P. NICHOLSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Married

6 (b) Name of husband or wife Mina F. Nicholson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	11	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William T. Payne
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sydney A. Shipley
15. Birthplace Baltimore Co., Md.

16 (a) Informant Mina F. Nicholson
(b) Address 1020 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Williams - Cook
(b) Address 1219 E. Saint Paul St.

19 (d) JAN 15 1942 Huntington Williams, M.D. Registrar

VS 2

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1942, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Jan 14 1942 and that I last saw her alive on Jan 13 1942

Immediate cause of death: Lobar pneumonia — Duration 11 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. J. Keller, M. D.
Address 222 W. Monument St. Date signed 1/14/42

F 88080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 88080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3415 Parkington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Parkington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD H. RICKELS

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Annie A.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 15, 1866

8. AGE: Years: 75 | Months: 3 | Days: 28 | If less than one day: hr. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual Occupation: Saloon Keeper, retired

11. Industry or business

FATHER
12. Name: Edward F. Rickels
13. Birthplace: S.C.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Thelma T. Rickels
(b) Address: 3415 Parkington Ave.

17 (a) Entombed (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Williams Co
(b) Address: 1217 E. Fort Ave

19 (a) JAN 15 1942 (Date rec'd by Reg.) (b) Huntington Williams Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1942, at 7:13 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27/41 19 to 1/13/42, and that I last saw him alive on 1/13/42.

Immediate cause of death: Uremia Coma

Duration: 5 hrs

Due to: Chronic nephritis — Duration: 1 yr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Henry C. Hauck M.D.
M. D.
Address: 1525 Linwood Ave Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death in terms of disease, and correct age is especially important.

F 88081 M 24635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-D

F 88081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Bethel, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. ? 1891

8. AGE: Years	Months	Days	If less than one day
50 49	3 ?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Moraley
13. Birthplace ? ?

MOTHER
14. Maiden Name Lillian ?
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals Rec'd
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 17 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn A.A.Co. Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St (Attorney for Williams, M.D.)

JAN 15 1942 (Date Rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942 at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1941, to 1-13 1942, and that I last saw her alive on 1-13 1942.

Immediate cause of death
Brain tumor (Recurrent meningioma)
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 7-28-38

Major findings of operation: Tumor above

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Lebo M.D.
Address Balto City Hosp Date signed 1-14-42

Please write the cause of death so that correct age is especially important. Physicians: please

VS 3

F 88082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-a

F 88082 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Carrollton Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Nina Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife Ulysses Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-1881

8. AGE: Years	Months	Days	If less than one day
60	3	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Janitoress
11. Industry or business

FATHER
12. Name Alex. Gaugh
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Butler
15. Birthplace Md.

16 (a) Informant Charlotte Gaugh
(b) Address 826 N. Carrollton Ave

17 (a) Burial (b) Date thereof 1-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ft. Lincoln Cemetery
Location Balto. City

18 (a) Funeral director Samuel W. Cooper
(b) Address 638 N. Gilmor St.

19 (a) Harrington Williams Registrar
(Date received by registrar)

JAN 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942, at 2:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Valvular heart disease (Cardiac) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. M. Gerlach M.D.
Medical Examiner.
Date signed 1/14/42

Please write clearly with pen and ink. Physicians: please write the causes of death very carefully and report age in especially important.

F 88083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Eutaw Place, Marlborough Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. 4 D. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SIMON SCHLOSS

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1867

8. AGE: Years	Months	Days	If less than one day
74	6	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name William Schloss.
13. Birthplace Bavaria.

MOTHER
14. Maiden Name Henrietta Fleischman.
15. Birthplace Germany.

16 (a) Informant Mr. Louis Schloss.
(b) Address Marlborough Apts. 4 D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Sondheim's Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D.

JAN 15 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13th. 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1915, to Janiy 13" 1942, and that I last saw him alive on Janiy 13" 1942.

Immediate cause of death: Cerebral hemorrhage (Left hemiplegia)
Due to Astherosclerosis-Cerebral
Due to Generalized arteriosclerosis
Other Conditions Hypertension

Duration: 3 days; 1934

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Place. Date signed 1/14/42

F 88084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3722 Columbus Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Sargowitz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 -- 80

8. AGE: Years	Months	Days	If less than one day
61	1		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoe Repair
11. Industry or business Own Business

FATHER
12. Name Eli Sargowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Ann D
15. Birthplace Russia

16 (a) Informant Ricardo.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil. Rd.

18 (a) Funeral director Isaac Levin Inc
(b) Address 1 E. Balto St.

JAN 15 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942 at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Jan 14 1942 and that I last saw him alive on Jan 14 1942

Immediate cause of death Coronary closure & myocardial infarct — Duration 6 days

Due to Arteriosclerotic heart disease — 1 yrs.

Due to

Other Conditions Aortic & chronic bronchitis — 10+ yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Lautscher, jr.
Address John Hopkins Hosp. Date signed Jan 14 '42

PLEASE WRITE PLAINLY, with ink. Please answer all questions. Be sure that the information you give is correct and complete. Omit abbreviations. Ditto marks are not permitted. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

F 88085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Fayette Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas H. Mitchell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 230-05-6476

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Mitchel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - 1901

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER 12. Name —

13. Birthplace Virginia

MOTHER 14. Maiden Name

15. Birthplace Virginia

16 (a) Informant Mary Mitchel

(b) Address 711 W. Fayette St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location

18 (a) Funeral director Jack Levin Inc

(b) Address JAN 15 1942 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Willis

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942 at 3.55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Acute Pulmonary Edema

Due to Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haddaway M.D.
Medical Examiner.

Date signed 1-14-42

VS 6

Over

Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 88086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-D

F 88086 Registered No.

PLEASE WRITE PLAINLY. Fill in all blanks. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 Elm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Elm Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella M. Hull.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** married

6 (b) Name of husband or wife Harry C. Hull

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1874

8. AGE: Years 67 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Alberta Deaton.
13. Birthplace Va.

MOTHER 14. Maiden Name Mary Supple.
15. Birthplace Md.

16 (a) Informant Harry C. Hull.
(b) Address 3319 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co Md.

18 (a) Funeral director Thenwith & Donovan
(b) Address 36 S. Eutaw St.

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13, 1942 at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1941, to Jan. 13, 1942, and that I last saw her alive on Jan. 10, 1942.

Immediate cause of death: Carcinoma of the frontal sinus.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jules Gilbert, M.D.

Address 848 N. 36th St. M. D. Date signed 1/13/42

VS 3

F 88087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93-D

F 88087 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Eutaw Place
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James G. Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white.	widowed

6 (b) Name of husband or wife Teresa Hartjens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1862

8. AGE: Years	Months	Days	If less than one day
79	5	28 27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Insurance Salesman, retired
11. Industry or business

FATHER
12. Name James Ross Clark
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha E. Logue
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Laura D. Clark
(b) Address Wyman Park Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/42 19 at 1 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to 1/14/42 19, and that I last saw [illegible] alive on 1/13/42 19

Immediate cause of death: Myocarditis Arterio-Sclerosis — Duration: Several

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody M.D.
Address 1403 Park Ave. Date signed 1/14/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and correct age is especially important.

F 88088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88088 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give full name of deceased. Do not use initials. Give correct age in years. If unknown, state approximate age. Physicians: please write the causes of death clearly and legibly. Cause of death must be certified for every death. Please answer all questions. Where there is no entry, write none. Where unknown, write unknown. Where not applicable, write N. A. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6105 Pinehurst Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6105 Pinehurst Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George L. Wood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Rose Field
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1873

8. AGE: Years	Months	Days	If less than one day
68	5	3	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Post Office Inspector
11. Industry or business

FATHER
12. Name Washington L. Wood
13. Birthplace Ill.

MOTHER
14. Maiden Name Eliza Hall
15. Birthplace Md.

16 (a) Informant Richard H. Wood
(b) Address 317 Taplow Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JAN 15 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942, at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to 1-14 1942 and that I last saw h[illegible] alive on 1-5 1942.

Immediate cause of death: CHR. ARTERIOSCLEROTIC HEART DISEASE — Duration: 1 Yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St. Date signed 1-17-42

409240
F 88089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E

F 88089

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Baldwin Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Anderson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katharine

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 11-27-87

8. AGE: Years	Months	Days	If less than one day
54	1	19	hr. min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation Attorney at Law

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace VA

MOTHER
14. Maiden Name Wilma Shelton
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Jany 17/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va

18 (a) Funeral director John Courtenay Howe
(b) Address 1900 Eutaw Place

19 (a) JAN 15 1942 Huntington Williams, M.D.
(Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 15 1942, at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 2 1942 to JAN 15 1942 and that I last saw HIM alive on JAN 15 1942.

Immediate cause of death: Hypophyseal tumor - not malignant — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 1-6-42

Major findings of operations: Hypophyseal Tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles L. Groland M. D.
Address Johns Hopkins Hosp. Date signed 1-15-42

VS 3

Physicians: please write the cause of death clearly and correct age is especially important.

F 88090 F 88090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186 - a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 702 Bartlett Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Rae Wright

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Chas. R. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1868

8. AGE: Years	Months	Days	If less than one day
73	1	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At home.
11. Industry or business

FATHER
12. Name Philip Diller
13. Birthplace Germany

MOTHER
14. Maiden Name Anna B. Wall
15. Birthplace Germany

16 (a) Informant Mrs. A. C. Blinn
(b) Address 1653 Shadyside Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 (a) JAN 15 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14, 1942 at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1941 to Jan 14, 1942, and that I last saw h[illegible] alive on Jan 14 1942

Immediate cause of death: Cardiac Failure — Duration

Due to Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions Fractured right Hip
Multiple Decubitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence July 22, 1941 at 9 00 A M
(c) Where did injury occur? Out Home (Orleans) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall from stairs.

23. Signature Howard P. Waldeck M.D.
Address St Josephs Hospital Date signed 1/14/42 M. D.

Howard P. Waldeck M.D. per phe

F 88091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 108

F 88091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Woodyear Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ball

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 | Months | Days | If less than one day: hr. min.

9. Birthplace Westport Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace Westport Va.

MOTHER
14. Maiden Name Mary Hill
15. Birthplace Westport Va.

16 (a) Informant Charles H. Ball
(b) Address 1002 Woodyear St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport Md

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St.

19 (a) JAN 15 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942 at 2.30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 1-13-42

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 88092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88092 Registered No.

correct age is especially important. Physicians: please write the cause of death plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Cassard

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James L. Cassard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 10, 1878

8. AGE: Years 63 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Roeckel
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Catherine Tantz
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mr. James L. Cassard
(b) Address: 3720 Gwynn Oak Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
Address: North & Pa. Avenues

JAN 15 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942, at 2.30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy, Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.

Date signed 1-14-42

VS 6

F 88093

F 88093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct as far as can be ascertained. Data regarding parents should be obtained from informant. Please answer all questions. Where information is not known, write "Unknown." Where the question is not applicable, write "None." Be sure that age is correctly stated. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct as far as can be ascertained. Data regarding parents should be obtained from informant. Please answer all questions. Where information is not known, write "Unknown." Where the question is not applicable, write "None." Be sure that age is correctly stated. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct as far as can be ascertained. Data regarding parents should be obtained from informant. Please answer all questions. Where information is not known, write "Unknown." Where the question is not applicable, write "None." Be sure that age is correctly stated. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct as far as can be ascertained. Data regarding parents should be obtained from informant. Please answer all questions. Where information is not known, write "Unknown." Where the question is not applicable, write "None." Be sure that age is correctly stated. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct as far as can be ascertained. Data regarding parents should be obtained from informant. Please answer all questions. Where information is not known, write "Unknown." Where the question is not applicable, write "None." Be sure that age is correctly stated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3326 McElderry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 McElderry St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas F. Roach.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella M. Roach
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 15, 1871

8. AGE: Years	Months	Days	If less than one day
70	8	029	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Balto. Street Dept.
11. Industry or business

FATHER
12. Name Patrick Roach.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Quinn.
15. Birthplace Ireland.

16 (a) Informant Mrs. Ella M. Roach
(b) Address 3326 McElderry St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer.
Location Belair Rd.

18 (a) Funeral director John A. Nolan.
(b) Address 3000 E. Baltimore St.

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14. 1942, at 8PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1941 to Jan 14 1942, and that I last saw h[illegible] alive on Jan 13 1942.

Immediate cause of death	Duration
Due to Terminal pneumonia	2 days
Due to Cerebral Hemorrhage	3 yrs.
Due to Cerebral Arteriosclerosis	
Other Conditions Senile Renal Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Meyer Jr. M. D.
Address 1520 E 33rd Date signed 1-15-42

VS 3

F 88094

BALTIMORE CITY HEALTH DEPARTMENT

JN 71110 CERTIFICATE OF DEATH 127 Registered No.

F 88094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Rochester Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Neenan

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 212-16-6957

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1867

8. AGE: Years 74 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name Jerry Neenan (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget ?
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. Horan
(b) Address 2008 E. Baltimore St

19 (a) JAN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-14 1942 and that I last saw h[illegible] alive on 1-14 1942

Immediate cause of death: Bronchopneumonia
Cholecystitis
Duration 24 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 1-12-42

Major findings of operation: Cholecystitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Ryder M.D.
B.C.H.
Date signed 1-14-42

Please correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

F-88095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-

F-88095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or "unknown" inserted where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)
Street No. 1965 Perlman Pl.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. Hugo Enge

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-3671

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1877

8. AGE: Years	Months	Days	If less than one day
64	9	6	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Carl J. Enge
13. Birthplace Germany

MOTHER
14. Maiden Name Emma
15. Birthplace Germany

16 (a) Informant Amelia K. Enge
(b) Address 1965 Perlman Place

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 17 42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. City

18 (a) Funeral director Lasagna Funeral Home
(b) Address 2501 Belair Rd.

19 (a) JAN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1942, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1942 to 1/14 1942, and that I last saw h[illegible] alive on 1/14 1942.

Immediate cause of death Acute Dil Ed — Duration Unknown

Due to Chronic myocardial Degeneration

Due to Arteriosclerosis Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Maldeis, M. D.
Address St Joseph's Hospital Date signed 1/14/42

VS 3

F 88096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 88096 Registered No.

1. PLACE OF DEATH: 4100 Liberty Heights
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street 5310 4100 Liberty Heights Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morton Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1892

8. AGE: Years: 50 49 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business: Merchant

FATHER
12. Name: Morris Franklin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Gittel ?
15. Birthplace: Russia

16 (a) Informant: Anna Franklin
(b) Address: 4100 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 15, 1942 (month) (day) (year)
(c) Cemetery or crematory: Windsor Mill Road
Location: Woodlawn Md

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14, 1942 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1941, to Jan 14, 1941, and that I last saw him alive on Jan 14, 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to:

Due to:

Other Conditions: Chronic Nephritis, Cardiac Hypertrophy, Hypertension — 2 years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hyrtle Cooper M. D.
Address: 2107 Park Ave. Date signed 1/14/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 88097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 88097 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Groveland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claude Thomson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucille Thomson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1883

8. AGE: Years 58 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business

FATHER
12. Name George Thomson
13. Birthplace England

MOTHER
14. Maiden Name Melinda Miller
15. Birthplace Cassville, Wisconsin

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 16 / 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. County.

18 (a) Funeral director C. Vernon Leasman
(b) Address 4002 Park Heights Ave.

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13/42 19 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12/42 19 to 1/13/42 19, and that I last saw him alive on 1/13/42 19

Immediate cause of death	Duration
Coronary occlusion	10-15 min.
Due to	
Due to	
Other Conditions Carcinoma of st. lung	1½-2 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Coronary sclerosis Ca of st. lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-13-42

F 88098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

F 88098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years.

3 (a) FULL NAME Barbara Lancaster

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Charles J. Lancaster.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): November 4-1862

8. AGE: Years 79 | Months 2 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: none.

11. Industry or business: —

FATHER
12. Name: George Buckhammer
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Anna Buckhammer
15. Birthplace: Germany.

16 (a) Informant: Stanley Lancaster
(b) Address: 2922 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1908 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Road

18 (a) Funeral director: Geo. Schilling & Sons Co.
(b) Address: 3624 Greenmount Ave. Schilling

19 (a) ... (b) ... Registrar

JAN 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 - 1942, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 - 1938 to Jan 14 - 1942, and that I last saw her alive on Jan 13 - 1942.

Immediate cause of death: Obstruction of Heart — Duration: 29 da.

Due to: Chronic Endocarditis — Duration: unknown

Due to: ...

Other Conditions: Hypertension — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ...
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature: Chester Riland M. D.
Address: 2532 Edmondson Ave. Date signed: 1-14-42

I certify that the above is a true and correct copy of the record of death in Baltimore City, and that I am the legal custodian of said record.

VS-1

Physicians: please write the cause of death very plainly. Accuracy and correct age is especially important.

F 88099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 88099

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Freda Phillips (Birth F-29079)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/41

8. AGE: Years | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Preston Phillips
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Bertha Burdick
15. Birthplace Accomac Co., Va

16 (a) Informant Bertha Phillips
(b) Address 406 N Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JAN 15 1942 (Date filed by Registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1941. to Jan. 13 1942, and that I last saw h&r alive on Jan. 10 1942.

Immediate cause of death: Nutritional Anemia — Duration: 1 month
Due to Malnutrition — own
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 1/13/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Use correct age is especially important.

VS 8

7-88100 V 7-88100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-7 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-6600

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48 47 | Months | Days | If less than one day hr. min.

9. Birthplace Cook (Town, county, and state)

10. Usual Occupation Maryland

11. Industry or business

FATHER
12. Name Henry Williams
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Anna Hilbert
(b) Address 1130 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. G. Kelson
(b) Address 1363 Pleasant St

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to Jan. 14 1942, and that I last saw him alive on Jan. 14 1942.

Immediate cause of death
(a) Uremia Tremens — Duration 4 days
Due to Chronic Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 1/14/42

Please write plainly; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88101 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate in all cases where the information is known. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loudenslager Terrace
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 7 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Oak Downs (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Julia J Krueger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	wh.	Married

6 (b) Name of husband or wife Henry F. J. Krueger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1864

8. AGE: Years	Months	Days	If less than one day
77	6	4	hr. min.

9. Birthplace Catonsville, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name C Louis J Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Schein
15. Birthplace Germany

16 (a) Informant Mrs. August J. Kretzschmar
(b) Address 104 Oak Downs, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudenslager Park
Location

18 (a) Funeral director
(b) Address

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1942, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1 1942, to Jan. 13 1942, and that I last saw her alive on January 13 1942.

Immediate cause of death Cerebral apoplexy and Bronchopneumonia — Duration 9 days
Due to Hypertension and Nephritis — 6 mos.
Due to Diabetes Mellitus — 2 yrs.
Fracture of R. femur and st. pleurisy, R.
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation Closed reduction 11/22/41
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 11/22/41 at M
(c) Where did injury occur? Catonsville, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury fall on
23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 1/13/42

VS 8

F 88102 ✗✓ F 88102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 5
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Evans

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1852

8. AGE: Years	Months	Days	If less than one day
89	5	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Willis
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Haynes
15. Birthplace Maryland

16 (a) Informant Elizabeth Evans
(b) Address Easton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17. 1942 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director R. Ellis Clark
(b) Address Easton. Md.

19 (a) Jan 15 1942 (b) Received and registered Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1942 at 7:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 14 1942 and that I last saw h[illegible] alive on Jan 7, 1942

Immediate cause of death Regurgitation
Failure

Due to C.H.D. cirrs with auricular fibrillation

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester E. Pruett M.D.
Address Church Home Inf. Date signed 1/19/42

PLEASE WRITE PLAINLY with [illegible]. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 F 88103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Eutaw Pl St. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonore Humphreys

If U. S. Veteran specify WAR

(a) Residence: No. 1501 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph N. Humphreys

6. DATE OF BIRTH (month, day, year) Feb 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Benjamin Potter

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Mallone

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Wendell E Humphreys

(Address) 1501 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 17 1942

19. UNDERTAKER Wendell E Humphreys

(Address) 1501 N. Broadway

20. DATE RECEIVED JAN 15 1942 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1942 to Jan 13 1942

I last saw her alive on Jan 12 1942. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. N. Patterman M. D.

(Address) 2324 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that a lay reader may understand it. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 88104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JN 70623

131-a

F 88104

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street and No. 1034 Mount Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME McMillian, Lee

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Maggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ? ? 1882

8. AGE: Years 60 59 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Longshoreman

11. Industry or business

FATHER

12. Name: Louis (d)

13. Birthplace: ?

MOTHER

14. Maiden Name: May (d)

15. Birthplace: ?

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn

Location

18 (a) Funeral director: Geo. B. Reason

(b) Address: 1303 Presstman

JAN 15 1942 (Date rec'd by Registrar) (b) Huntington Pittsburgh Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942, at 3:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1941 to 1-13 1942 and that I last saw him alive on 1-13 1942.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to: Uremia — 2 wks

Due to: Arteriosclerotic Nephritis, Hypertension — C. V. Disease — 3 yrs? 10 yrs?

Other Conditions: Gangrene foot

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Donald B Hett M. D.

Address: Balto City Hosp Date signed 1-14-42

Physicians: please write the causes of death clearly, and correct age is especially important.

VS 8

F 88105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 of F 88105 Registered No.

PLEASE WRITE PLAINLY. WITH INK. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 N Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N Lorraine (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME James L. Howard

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Solena C. Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2-1865

8. AGE: Years 77 | Months — | Days 11 | If less than one day hr. min.

9. Birthplace Md (town, county, and state)

10. Usual occupation Keeps paper Salesman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Francis M Gardner
(b) Address 323 N Lorraine ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)

(c) Cemetery or crematory Mt Moriah Hampden - Balto City
Location

18 (a) Funeral director Frank H Seitz
(b) Address 1486 D.

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1941 to Jan. 13 1942 and that I last saw him alive on Jan 13 1942.

Immediate cause of death Cardio Renal disease — Duration unknown

Due to Arteriosclerosis. — Duration —

Due to Senile gangrene left foot. — Duration 10 days.

Other Conditions Foot.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George M E Cross M. D.
Address 718 W 25th St. Date signed 1-14-42

VS 3

F 88106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 Conway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Nash Co. N.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Elsie Bell
(b) Address 627 Conway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory NC
Location Enfield NC

18 (a) Funeral director Robert E Williams
(b) Address 1575 McElroy St

19 (a) JAN 15 1942 (Date received by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Jan 13 1942 and that I last saw h M alive on Jan 11 1942

Immediate cause of death Apoplexy — Duration 2 Days

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 2 E Monument Date signed

Please write plainly; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88107 ✓ × F 88107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Oldenwold - Stevens (If outside city or town limits, write RURAL and give town)
(d) Street No. 6605 Harwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REBECCA E FORSYTH

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George Forsyth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 24 1847

8. AGE: Years	Months	Days	If less than one day
44	7	20	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name Duncan Stone
13. Birthplace Scotland

MOTHER
14. Maiden Name Rebecca Entrican
15. Birthplace Scotland

16 (a) Informant George Forsythe
(b) Address 6605 Harwood Road Oldenwold

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Baltimore Co Md

18 (a) Funeral director William Cox
(b) Address 1219 E Fort St

19 (a) JAN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14th 1942, at 7 32/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute hepatitis	
Due to Chloroform Liniment poisoning	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Jan 7 1942 at 9 45/60 M
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? ho
(e) Means of injury Swallowed chloroform

23. Signature H. L. Wallenwolter M.D.
Coroner Medical Examiner.
Date signed 1-16-42

Liniment

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

F 88108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 F 88108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Beaufort Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PEARL JEFFERS ALLEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Widow

6 (b) Name of husband or wife James A. Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1871

8. AGE: Years	Months	Days	If less than one day
70	0	21	hr. min.

9. Birthplace Kentucky
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathan Hall Jeffers
13. Birthplace Kentucky

MOTHER
14. Maiden Name Susan B. Dills
15. Birthplace Kentucky

16 (a) Informant Mrs Martha S. Jeffers
(b) Address 4002 Roland Ave.

17 (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Long Island N Y

18 (a) Funeral director William Cook
(b) Address 1247 Lexington St

19 (a) JAN 15 1942 (b) Huntington Williams, M.D.
(Received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1941, to Jan 15 1942, and that I last saw him alive on Jan 15 1942.

Immediate cause of death
trauma
Due to Generalized arteriosclerosis
Due to senility

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Mundy
Address 3045 W North Ave Date signed 1/15/42

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

F 88109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 88109 Registered No.

HC(71032)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs/

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Warner Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-2303

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 25 ? 1883

8. AGE: Years	Months	Days	If less than one day
59		18 17	hr. min.

9. Birthplace West Indies (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ✓
13. Birthplace

MOTHER
14. Maiden Name ✓
15. Birthplace

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 32 N Schroeder St

19 (a) (Date received) JAN 15 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12- 1942 at 7.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1942 to 1-12 1942 and that I last saw him alive on 1-12 1942.

Immediate cause of death
Peritonitis
Due to Ruptured Appendix
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1-10-42
Major findings of operation: None
of autopsy: 1

Duration
7-days?
7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Bakst M.D.
Address Balto City Hosp Date signed 1-13-42

correct age is especially important. Physicians: please write

✓ ✓

F 88110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 213 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703½ W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1923

8. AGE: Years	Months	Days	If less than one day
18	7	5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Isaac
13. Birthplace Md

MOTHER
14. Maiden Name Lessie Bowman
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wilson

18 (a) Funeral director Louis P. Davenport
(b) Address 1006 Pa. Ave

19 (a) (Date received) JAN 15 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1942, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1941, to Jan 12 1942, and that I last saw him alive on Jan. 12 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-12-42

Please write the cause of death clearly, correct age is especially important. Physicians: please

F 88111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88111 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Homewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Elizabeth Schwartze

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [redacted] 1853

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79				

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frank Schwartze
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Sleator
15. Birthplace Germany

16 (a) Informant [illegible]
(b) Address 2003 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location

18 (a) Funeral director Mary F. Theobald
(b) Address 501 E. Lexington St

19 (a) JAN 15 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/42 19 , at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 19 41 to 1/14 19 42 and that I last saw h[illegible] alive on 1/14 19 42

Immediate cause of death: (a) Circulatory Collapse — Duration

Due to: Cerebral Hemorrhage

Due to:

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Troy Jr. M. D.
Address Mercy Hosp Date signed 1/15/42

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and give correct age is especially important.

F 88112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88112 Registered No. 83-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 North Mount Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Wooten

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Olivia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1887

8. AGE: Years	Months	Days	If less than one day
54	3		hr. min.

9. Birthplace Goldsborough, N. C.
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name George Wooten
13. Birthplace North Carolina

MOTHER
14. Maiden Name Evelyn Holt
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof 1-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Goldsboro, N.C.
Location Via American Railway Ex

18 (a) Funeral director Isaiah L. Bunn & Son
(b) Address 108 W Montgomery St

JAN 15 1942 Huntington Williams, M.D. Registrar
(Registered by (Signature))

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1942 at 8:20p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1942 to Jan. 13, 1942 and that I last saw him alive on Jan. 13, 1942

Immediate cause of death	Duration
Right cerebral hemorrhage	8 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address US Marine Hospital Date signed 1/14/42
Baltimore, Maryland.

correct age is especially important.

F 88113 ✓ F 88113 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W. Perry Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LITTLE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Wid.

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1895

8. AGE: Years	Months	Days	If less than one day
46	10	27	hr. min.

9. Birthplace Rocky Mount, N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Albert Little
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alma
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St.

JAN 15 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1942, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12. 1942, to Jan. 13, 1942, and that I last saw him alive on Jan. 13, 1942.

Immediate cause of death: Acute nephritis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Dutton M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 1/14/42

correct age is especially important

VS 3

F 88114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 88114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 578 St. Mary Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMAS

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 220-07-8343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Annie Buckley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1891

8. AGE: Years	Months	Days	If less than one day
50	9	13	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Harrisburg, Kentucky

MOTHER
14. Maiden Name Annie
15. Birthplace Harrisburg, Kentucky

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 1-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 575 W. Biddle St.

19 (a) JAN 15 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1942, at 2:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1942, to Jan. 14, 1942, and that I last saw him alive on Jan. 14, 1942.

Immediate cause of death: Left cerebral hemorrhage — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/14/42

VS 3

Please write clearly and correct age is especially important. Physicians: please write the cause of death clearly.

F 88115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. F 88115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution:
Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Belview Ave (If rural give location)
Was deceased a citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis M. Reinhard

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-1246

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara C Reinhard
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 14 1867

8. AGE: Years	Months	Days	If less than one day
74	7	014	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Auto Salesman
11. Industry or business Backers Motor Co

FATHER
12. Name Meyer Reinhard
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Clara ——
15. Birthplace Pennsylvania

16 (a) Informant Mildred S Field
(b) Address 4204 Belview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 17 1942 (Mo.) (Day) (Year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Harry H. Armacost
(b) Address 4204 Ridgewood Ave

19 (a) JAN 15 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1942, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 1/14 1942; and that I last saw him alive on 1/4 1942.

Immediate cause of death	Duration
Myocardial Failure	
Due to Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions Carcinoma of Sigmoid Colon (Include pregnancy within 3 months of death)	

Date of operation 1/8/42 ; 1/11/42
Major findings of operation: Carcinoma of Sigmoid Colon
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Zeke M.D.
Address Maryland General Hosp Date signed 1/14/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS-2

F 88116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 F 88116 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N. Luzerne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Traka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
f	W	married

6 (b) Name of husband or wife James Traka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/11/1875

8. AGE: Years	Months	Days	If less than one day
67	-	2	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation housework & home

11. Industry or business

FATHER
12. Name Jacob Telenovsky
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Barack
15. Birthplace Czechoslovakia

16 (a) Informant Marie Poehlman
(b) Address 3500 Brendan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Odenwald
(b) Address 2601 Gwynn Oak Ave

19 (a) JAN 15 1942 (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1942 at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1941 to Jan 13 1942, and that I last saw her alive on Jan 13 1942.

Immediate cause of death Broncho Pneumonia — Duration 3 days

Due to Fractured Left Femur — 6 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 19, 1941 2:00 A M
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home, bathroom (Specify type of place) While at work? No
(e) Means of injury Slipped & fell
23. Signature Joseph Pokorny
Address 2250 E Madison St Date signed 1/14/42 M. D.

Howard J. Moreis M.D.

PLEASE WRITE LEGIBLY. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C

F 88117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Gwynns Falls Parkway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Gwynns Falls Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta E. Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1863

8. AGE: Years	Months	Days	If less than one day
78	2	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William F. Rogers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma A. Holloway
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Emma M. Rogers
(b) Address 3007 Gwynns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 16 1942 Huntington Williams, M.D.
(b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1941 to Jan 14 1942 and that I last saw h[illegible] alive on Jan 14 1942

Immediate cause of death: Bradycardia — Duration 2 yr
Due to: BRADYCARDIA
Due to: Parkinson D[illegible] — 8 yr
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Evans M. D.
Address 612 N 40 St Date signed

PLEASE WRITE PLAINLY. Physicians, please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

F 88118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 88118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Windsor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Windsir Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Goldeisen

3 (b) If veteran, name war ****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht.	Married

6 (b) Name of husband or wife Grace B.Goldeisen
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1868

8. AGE: Years	Months	Days	If less than one day
73	4	7	hr. min.

9. Birthplace Blto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Grocer

FATHER
12. Name John S.Goldeisen
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Buckheimer
15. Birthplace Balto. Md.

16 (a) Informant Mrs.Grace B.Goldeisen
(b) Address 2821 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Jan. 14, 1942, at 10.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Jan 14 1942 and that I last saw alive on Jan 14 1942.

Immediate cause of death	Duration
Chronic Cardio vascular disease	1 Yr
Due to Coronary Thrombosis	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest W. Kahn, M.D.
Address 1735 Poplar Gr. Ln. Date signed 1/14/42

VS 8

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

F 88119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 Kenwett St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Kenwett St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME HANS POULSEN

3 (b) If veteran, name war: MEXICAN & WORLD WAR I.
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Ella Jane Poulsen
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.): July 10th 1887
8. AGE: Years 54 | Months 6 | Days 5 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Contractor
FATHER 12. Name: William Poulsen
13. Birthplace: Denmark
MOTHER 14. Maiden Name: Ellen K. Mader
15. Birthplace: Denmark
16 (a) Informant: Ella Jane Poulsen
(b) Address: 1530 Kenwett St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Memorial
Location: Franklin Ave.
18 (a) Funeral director: Walter Boyd Bradley
(b) Address: 1422 W. Mt. Royal Ave.
19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 7 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to:
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenwaber M.D.
Asst. Medical Examiner.
Date signed 1-15-42

V8 4

Correct age is especially important. Physicians, please write plainly. Use ink. Do not abbreviate.

F 88120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88120 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that every question is answered. Please see that the certificate is correct and complete. Omissions will cause unnecessary correspondence and delay. Please report at once any inaccuracy that may be discovered in the certificate. Please remember that the accuracy of the certificate depends upon you. Please see that the certificate is correct and complete. Omissions will cause unnecessary correspondence and delay. Please report at once any inaccuracy that may be discovered in the certificate. Please remember that the accuracy of the certificate depends upon you.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4615 Park Heights Ave.
(c) Hospital or institution: Sinai Convalescent Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Cathedral St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME SOLOMON ROSENHEIM

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Henrietta Rosenheim
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1858

8. AGE: Years	Months	Days	If less than one day
83	10	26	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Getz Rosenheim,
13. Birthplace Germany.

MOTHER
14. Maiden Name Henrietta Frank,
15. Birthplace Germany.

16 (a) Informant Mr. Gilbert W. Rosenheim,
(b) Address 1028 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship.
Location Baltimore, Md.

18 (a) Funeral director Harris Rosenheim & Son
(b) Address 1902 Eutaw Place.

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14th. 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1942 to Jan 14 1942 and that I last saw him alive on Jan 14 1942

Immediate cause of death	Duration
(a) Arteriosclerotic Cardiovascular Disease	few hrs
Due to (b) Cerebral Thrombosis	2 days
Due to (c)	
Other Conditions Terminal Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexander A. Weinstock M.D.
Address 4603 Park Heights Date signed 1/15/42

VS 3

F 88121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place.
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place. (If rural give location) 517 N. Monroe St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura K. Raabe.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White.	Widowed.

6 (b) Name of husband or wife Gustavus C. Raabe.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 - 1863.

8. AGE: Years	Months	Days	If less than one day
78	6	24	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation House Wife.
11. Industry or business At home.

FATHER
12. Name Henry V. Topp.
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name Georgenna Harris.
15. Birthplace Unknown.

16 (a) Informant Mrs. Lillian Topp.
(b) Address 4008 Chatham Road.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 17-1942. (month) (day) (year)
(c) Cemetery or crematory Western Cemetery.
Location Baltimore Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 JAN 16 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14th: 1942; at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1941. to Jan 14 1942.
and that I last saw her alive on Jan 12 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. N. Patterson
Address 2324 Reisterstown Rd Date signed 1/16/42

VS 2

Nil 6659

Physicians: please write the cause of death clearly and legibly. Accuracy is especially important.

F 88122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-6

F 88122

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD BRADY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1894

8. AGE: Years 47 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Brady
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt. National
Location Baltimore Md.

18 (a) Funeral director William A. Jackson
(b) Address 214 Pennsylvania Ave

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1942, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1942, to Jan. 15, 1942, and that I last saw him alive on Jan. 15, 1942

Immediate cause of death: Perforated gastric ulcer — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Williams, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/15/41

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 88123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a F 88123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 4
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2238 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Ireland

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) March 4, 1886

8. AGE: Years 55 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Rodgers, Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name David Ireland
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Hannah Johnson
15. Birthplace Randallstown, Md.

16 (a) Informant Sister - Beatrice Brown
(b) Address 752 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md

18 (a) Funeral director Wm. A. Jackson
(b) Address 916 [illegible] Ave

19 (a) JAN 16 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1942 at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1941, to Jan. 15 1942 and that I last saw him alive on Jan. 15 1942

Immediate cause of death: Uremia — Duration 4 weeks
Due to Hypertension
Due to Chronic Interstitial Nephritis
Due to Disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M. D.
Address Provident Hosp. Date signed 1/16/42

correct age is especially important. If uncertain, please write "about."

F 88124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 2009 N. Hilton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Wilbur McConnell

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie Louise McConnell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 7, 1870

8. AGE: Years 71 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Commercial Traveler

11. Industry or business: Public Utilities Report

FATHER
12. Name: John Francis McConnell
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Jane Foster
15. Birthplace: Ireland

16 (a) Informant: Mr. Sidney McConnell
(b) Address: Box 85, Brooklyn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-16-42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto. Md.

18 (a) Funeral director: Wm. Fuchs Funeral Home
(b) Address: 1900 E. Fayette St.

19 (a) JAN 16 1942 (Date rec'd by registrar) Chas. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-42 19 . at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 19 41 to 1-14 19 42.
that I last saw him alive on 1-14 19 42.

Immediate cause of death: Heart Failure — Duration: 5 da.
Due to: Arteriosclerotic Heart — 7
Due to:
Other Conditions: Asthma — 14 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Oscar Hartman, M.D.
Address: Doubling Agnes Hosp. Date signed 1/16/42

VS 1

F 88125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88125 ✓ Registered No. 83-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4110 Kathland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4110 Kathland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WESLEY PENNELL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-05-3688

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frances L. Pennell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 3, 1874

8. AGE: Years 68 | Months 0 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business National Casket Company

FATHER
12. Name William P. Pennell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anne King
15. Birthplace York, Pennsylvania

16 (a) Informant Mrs. Frances L. Pennell
(b) Address 4110 Kathland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 16 19[illegible] Huntington Williams M.D.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1941 to Jan 14 1942 and that I last saw h.IM alive on Jan 12 1942

Immediate cause of death: Cerebral Hemorrhage + Paralysis — Duration: Nov 3/41
Due to: Hypertension — ?
Due to: arteriosclerosis — ?
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Tickner M. D.
Address 2220 Garrison Blvd Date signed 1/15/42

correct age is especially important. Physicians: please write plainly.

VS 3

F 88126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88126
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3427 Piedmont Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 Piedmont Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE A KAISER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alfred W. Kaiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1873

8. AGE: Years	Months	Days	If less than one day
68	10	26	hr. min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Foxwell
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Mollie Lusby
15. Birthplace Maryland

16 (a) Informant Mr. Alfred W. Kaiser
(b) Address 3427 Piedmont Avenue

17 (a) Burial (b) Date thereof 1/17/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 16 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1942 to 1/14 1942 and that I last saw him alive on 1/ 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to Diabetes

Other Conditions Hypertension & Cardiovascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Buchanan M. D.
Address 203 Eutaw Pl. Date signed

correct age is especially important. Physicians, please write

VS 3

F 88127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LEROY LOUIS ETHERIDGE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	216-05-2837	Male	White	Married

6 (b) Name of husband or wife Grace Newcomer Etheridge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16, 1886

8. AGE: Years	Months	Days	If less than one day
55	10	28	hr. min.

9. Birthplace Boston, Massachussetts (Town, county, and state)
10. Usual Occupation Restaurant Owner
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Grace N. Etheridge
(b) Address 1806 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Parkville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 16 1942 (Date rec'd by registrar) Thurlow Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1942 at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 14, 1942. and that I last saw him alive on Jan 14 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 hours
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Theodore Caazan M. D.
Address 2107 Park Ave Date signed 1/16/42

correct age is especially important, if deceased was under one year

VS 3

F 88128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88128 — Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 E 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 705 E 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harvey M. Erskine

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-00-5418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife EMMA M. ERSKINE.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 16, 1877

8. AGE: Years	Months	Days	If less than one day
64	4	9	hr. min.

9. Birthplace Monroe Co. W VA. (Town, county, and state)
10. Usual Occupation CARPENTER.
11. Industry or business

FATHER
12. Name M. HARVEY ERSKINE
13. Birthplace Monroe Co. W. VA.

MOTHER
14. Maiden Name MARY JANE KIRCHNER
15. Birthplace Monroe Co. W. VA.

16 (a) Informant MRS. EMMA ERSKINE
(b) Address HUNTINGTON W. VA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Woodmere Cem
Location Huntington W. Va.

18 (a) Funeral director Lester Undertaking Co.
(b) Address 1012 3rd Ave Huntington W. Va.

19 (a) JAN 16 1942 (Date received by registrar) (b) JAN 16 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to — Duration
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Vandersall M.D. Medical Examiner
Date signed 1/16/42

correct age is especially important. If unknown, please state approximate age.

V8 6

F 88123 F 88120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 90 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Texas (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna O'Connor Noppenberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Michael Noppenberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 - 1902

8. AGE: Years 40 | Months - | Days 5 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at

FATHER 12. Name Edward O'Connor
13. Birthplace Delaware

MOTHER 14. Maiden Name Alice Smith
15. Birthplace Delaware

16 (a) Informant Records of Mercy Hospital
(b) Address Baltimore, Maryland

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory St. Josephs - Texas, Md
Location

18 (a) Funeral director J. Linton Hendricks
(b) Address [illegible]

19 (a) [illegible] (b) [illegible]
JAN 16 1942 [illegible] Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1941 to Jan 16 1942 and that I last saw h[illegible] alive on Jan 16 1942

Immediate cause of death: Carcinoma of Esophagus — Duration 8 mos
Due to Malnutrition
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Tracheotomy & Biopsy revealed Carcinoma of esophagus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas A. Hedrick
Address Mercy Hospital Baltimore, Md Date signed 1/16/42 M.D.

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

F 88130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164e

F 88130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel (Simon) Webster

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 1, 1876

8. AGE: Years	Months	Days	If less than one day
65	11	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Cole
15. Birthplace Md

16 (a) Informant Milton Robinson Webster
(b) Address 1629 Mosher Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G.G. County

18 (a) Funeral director Mrs R.D. Elliott Sgt
(b) Address 1129 N. Caroline St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JAN 16 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942 at 2.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed Chest
Duration:
Due to: Thoracic Contusions Comminuted fractures
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-13-42 at 2 P. M
(c) Where did injury occur? U.S. Hwy #40 - Frederick Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Jumped from roof, 6 stories

23. Signature Howard Y. Mitchell M.D. Medical Examiner.
Date signed 1-14-42

Correct age is especially important. Physician: please write in the words as well as the figures.

F 88131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 88131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley Theodore Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Melvina

6 (c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): 11 15

8. AGE: Years: 27 | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland (town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER 12. Name: Alexandria Howard

13. Birthplace: Va.

MOTHER 14. Maiden Name: Minnie Carter

15. Birthplace: Va.

16 (a) Informant: Minnie Burroughs

(b) Address: 201 W. 24th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-42 (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn Cem

Location

18 (a) Funeral director: Mrs R. A. Elliott & Daughter

(b) Address: 1129 N. Carolina St.

19 (a) JAN 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13 1942 at 5:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of abdomen
Perforation of intestines
Due to: Intestinal obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence 1/10/42 at 1:30 a M
(c) Where did injury occur? 1528 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury: Pistol

23. Signature: M. H. Landsdorf M.D. Medical Examiner.

Date signed 1/13/42

V8 6

F 88132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1223

F 88132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 E. Biddle
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Dockins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-74

8. AGE: Years 67 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Dockins
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jane L
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Arbutus Md

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 2300 Garrison St

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942, at 1140 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1941, to 1-13- 1942 and that I last saw h alive on 1-13- 1942.

Immediate cause of death: Acute intestinal obstruction — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-26-41, 1-13-42

Major findings of operation: Volvulus of sigmoid

of autopsy: Ca Sigmoid, Ileum

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo V. Ruggli M. D.

Address Johns Hopkins Hosp Date signed 1-14-42

VS 3

F 88133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 88133

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Brunt St. 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred for life da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hortense Webb

If U.S. Veteran specify WAR _____

(a) Residence: No. 1925 Brunt St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) December 23, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	0	2120	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arthur Clark

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Agnes Scott

16. BIRTHPLACE (city or town) (State or country) Middleway W. Va.

17. INFORMANT William Webb
(Address) 1925 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem. Pk. Date Jan. 16, 1942

19. UNDERTAKER Mrs. Lew. H. Galland
(Address) 1631 Druid Hill Ave.

20. JAN 16 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1941 to Jan 13 1942

I last saw her alive on Jan 12, 1942 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 10

Other contributory causes of importance:

Acute Endocarditis. Sequel to Pneumonia

Was an operation performed? NO Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) S. B. Hughes M. D.

(Address) 1413 Druid Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 88134 70821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sadie Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1884

8. AGE: Years	Months	Days	If less than one day
57	03	30 29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Hill
13. Birthplace Virginia

MOTHER
14. Maiden Name Josephine Basmight
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem. Location Baltimore, Md.

18 (a) Funeral director Mrs. Eva M. Holland
(b) Address 1631 Druid Hill Ave.

19 (c) JAN 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1941 to 1-13 1942, and that I last saw h[illegible] alive on 1-13 1942.

Immediate cause of death	Duration
Uremia	? 2 weeks
Due to Hypertensive C. V. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Rathbun M. D.
Address Balto. City Hosp Date signed 1-14-42

VS 3

correct age is especially important. Physicians, please

1-14-42

F 88135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

F 88135

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 954 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Carter Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. Single none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1907

8. AGE: Years	Months	Days	If less than one day
34	10		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Zadrick Jones
13. Birthplace Somerset Co. Md

MOTHER
14. Maiden Name Annie Carter
15. Birthplace Baltimore, Md

16 (a) Informant Mary Frances Jones
(b) Address 1105 W Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N Schroeder St.

19 (a) 7161 9 I N (Key to registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1942 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1942 to Jan. 12 1942 and that I last saw [illegible] alive on Jan. 12 1942

Immediate cause of death: Diabetes Mellitus — Duration: 1 month

Due to

Due to

Other Conditions Diabetes Coma + Cardiac

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackley
Address Provident Hosp. Date signed 1/13/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 88136 | BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F F 88136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME George N. Shaw

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color of race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie C. Penny
6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27-1862

8. AGE: Years	Months	Days	If less than one day
79	11	10	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Ship-fitter (Retired)
11. Industry or business

FATHER
12. Name James Shaw
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Shaw
15. Birthplace England

16 (a) Informant Mrs. Millie Shaw
(b) Address 1820 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director E. J. Tenney & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) (b) Hunting for Williams, Mgr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 8:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to Jan 15 1942, and that I last saw deceased alive on Jan 15 1942.

Immediate cause of death: Cardiac Dilatation — Duration: 18 days.
Due to
Due to
Other Conditions: Myocardial Insufficiency and General Arteriosclerosis — 2 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Carmichael, M.D.
Address 2028 E. North Ave. Date signed 1/15/42

I certify that the above is correct to the best of my knowledge and belief. Physicians: please write the cause of death very carefully. Accuracy is especially important.

88137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a F 88137

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessedine King (Birth F 35574)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 17 / 98

8. AGE: Years	Months	Days	If less than one day
	4 3	7 6	hr. min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Fisher
13. Birthplace

MOTHER
14. Maiden Name Florence E. King
15. Birthplace Ind.

16 (a) Informant Dorothy Dagon
(b) Address 135 N Bond

17 (a) Burial (b) Date thereof 1-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradley ave

JAN 16 1942
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1942 at 1.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Acute Bronchitis
Due to
Due to
Other Conditions Pneumonia, enlarged Thymus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 1-13-42

VS 6

correct age is especially important. Physician: please write the cause of death very plainly.

F 88138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 E

F 88138 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3464 Dolfield ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Luchinsky (Birth F-38047) ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 10/19/41

8. AGE: Years	Months	Days	If less than one day
	3 2	2 7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business ✓

FATHER
12. Name Samuel Luchinsky
13. Birthplace Balto Md

MOTHER
14. Maiden Name Esther Witlen
15. Birthplace Balto Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery Hebrew Young Men's Location Shipdam Mill Md.

18 (a) Funeral director Jack Gurs
(b) Address 1439 E. Baltimore St.

19 JAN 16 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-16 1942 at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN-15 1942 to JAN 16 1942 and that I last saw her alive on JAN 16 1942

Immediate cause of death	Duration
Bronchopneumonia	24 hrs.
Due to	
Due to	
Other Conditions Acute myocarditis + myocardial failure (Include pregnancy within 3 months of death)	own
Date of operation —	
Major findings of operation: —	
of autopsy: —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harriet G. Gill M. D.
Address Johns Hopkins Hospital Date signed 1/16/42

VS 2

F 88139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-42

F 88139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Dudley ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos.~~ days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Dudley ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ruben Kessner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob Kessner
6 (c) If alive, give age —

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Morris Kessner
(b) Address 4115 Woodhaven ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Beth Jacob Hebrew Cemetery
Location Balto

18 (a) Funeral director Jack Levin Inc.
(b) Address 1639 E Lombard St Baltimore, Md.

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942 at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1941 to Jan 16 1942, and that I last saw h~~im~~er alive on Jan 13, 1942.

Immediate cause of death: Coronary Thrombosis
Due to: Hypertension CV: Renal Plus
Due to: Chronic Glomerulo Nephritis
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 3 days / 4 yrs / 8 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J Bayley M. D.
Address 1 E Lexington St Date signed Jan 17 1942

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

88140

HEALTH DEPARTMENT—CITY OF BALTIMORE

88140

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Freegoring - Belvedere 22nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Ida Shilovitzsky

If U. S. Veteran specify WAR .....

(a) Residence: No. Freegoring - Belvedere St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Shilovitzsky

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dani Mular

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Finkelstein

(Address) Freegoring - Belvedere

18. BURIAL, CREMATION, OR REMOVAL

Place Rosehill Date 1-16-1942

19. UNDERTAKER Jack Lamp Inc

(Address) 1432 E. Baltimore St.

20. FILED JAN 16 1942 19.... Huntington Williams, M.D. Registrar.

State CAUSE OF DEATH in plain words, using no abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1942

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1941 to 1-15, 1942

I last saw her alive on 1-15, 1942 Death is said to have occurred on the date stated above, at 1.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-13-42
Chr. Bronchitis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Revus M. D.

(Address) Levindale

88141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a F 88141 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Chester St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Isaac Rubenstein

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 7.817-01-8848

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Rose

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48? Months Days If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Agent for Jewish Papers

11. Industry or business

FATHER
12. Name Yehuda Rubenstein
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah —
15. Birthplace Russia

16 (a) Informant Sarah Leah Rubenstein
(b) Address 230 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Jewish Cedik
Location Fort Carey

18 (a) Funeral director Jacob Louis Levy
(b) Address 1939 E. Balto St

19 (a) JAN 18 1942 (Date rec'd by registrar) (b) Interring as Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1941 to Jan 15 1942 and that I last saw him alive on Jan 14 1942

Immediate cause of death Intracranial Hemorrhage (Spontaneous)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 hr 1/15/42 noon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Kohn
Address 102 E. Fort Ave Date signed 1/15/42 M. D.

VS 3

F 88142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights ave
(c) Hospital or institution: Mt Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2039 Eagle st (or rural route location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ray Schulman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Samuel
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) 1855
8. AGE: Years 87 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Shulman
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Harry Shillman
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Mosses Grantsford
Location Wash Blvd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E Baltimore st Huntington Williams, Mgr

19 (a) JAN 16 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1942 at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1942 to 1/12 1942 and that I last saw h[illegible] alive on 1/12 1942

Immediate cause of death: Acute Cerebral Hemorrhage — Duration:
Due to: Chr arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. L. Hornstein M. D.
Address 733 Augusta Date signed 1/15/42

PLEASE WRITE PLAINLY with pen and ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 88143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1726 Eliza Avenue (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Martin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant City Morgue
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 42 (month) (day) (year)
(c) Cemetery or crematory Balto Nat Cemetery
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) Date received by registrar JAN 16 1942 (b) Huntingdon Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 2:40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Infarct of brain — Duration 20 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Large infarcted areas of brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Landenberger M.D. Medical Examiner
Date signed 1/12/42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 6

F 88144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-c

F 88144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 Arlington ave Balto Md
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 4 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Arlington ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME James Mc Bride Jr (Birth F-42792)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1/11/42

8. AGE: Years	Months	Days	If less than one day
4 days	1942		hr. min.

9. Birthplace 908 N. Arlington ave (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name James Mc Bride Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Wyatt
15. Birthplace Maryland

16 (a) Informant Mrs Mary Wyatt
(b) Address 908 N. Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Westport Balto Md

18 (a) Funeral director Geburt T. A. Gibson
(b) Address 1900 Guilford Ave

JAN 16 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 - 1942 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Jan 15 1942 and that I last saw him alive on Jan 14 1942

Immediate cause of death Pulmonary Congestion

Due to Intrauterine Strangulation by Cord and Compressed Cranium in Uterus.

Due to —

Other Conditions Rickets Developed Physically

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H H Boyd Jr M. D.
Address 1312 Stricker Date signed 1-15-42

Please write plainly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

F 88145 Registered No.

RC

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Grenhall Court (If rural give location)
Citizen of foreign country? GRINDALL (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Reynolds

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1884

8. AGE: Years	Months	Days	If less than one day
57	5	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Taylor
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] School JAN 16 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 16 1942 (b) Hunter G. Williams, M.D.
(Must not be filled in by registrar) Registrar

69?9

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1942 at 11 09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1941 to 1-8 1942 and that I last saw h[redacted] alive on 1-8 1942.

Immediate cause of death Emphigus — Duration 1 year?
Due to — Duration own
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 1-15-42

correct age is especially important. Typewriter preferred.

F 88146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-7 F 88146 Registered No.

RC(66066)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Jordan Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Lottie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1895

8. AGE: Years	Months	Days	If less than one day
46	9	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Parnell
13. Birthplace ?

MOTHER
14. Maiden Name Comfort Hudson
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory MORRIS HOFFMAN BRANCH SCHOOL JAN 16 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 16 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar
6978

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1942 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1941 to 1-5 1942 and that I last saw her alive on 1-5 1942.

Immediate cause of death — Duration

Carcinoma of Rectum — 1 yr ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Webb
Address Balto City Hosp. Date signed 1-7-42 M. D.

correct age is especially important. Physicians: please write

 Baltimore City Hospitals
Baltimore City Hospitals
Baltimore City Hospitals

F 88147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-C Registered No. F 88147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Kentucky Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Casey (Birth F-42319)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	CHILD

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/14/42

8. AGE: Years	Months	Days	If less than one day
			5 hr. 20 min.

9. Birthplace Balto MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene Casey
13. Birthplace Balto MD

MOTHER
14. Maiden Name Regina Mehling
15. Birthplace MD

16 (a) Informant Eugene Casey
(b) Address 3017 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J Peck
(b) Address 5205 Harford Ave

19 (a) JAN 16 1942 (Registrar) Huntington Will (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-42 19 at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 19 42 to 1-14 19 42 and that I last saw h alive on 1-14 19 42.

I. Immediate cause of death Prematurity 6½ months
Marginate Placenta Previa
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifton D Ragsdale M.D.
Address 400 N Caroline St Date signed 1/17/42

Please write clearly, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88148

SS 14712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88148 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Harview Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widowed

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1862

8. AGE: Years	Months	Days	If less than one day
79	3	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Samuel Hare
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Album
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director L. J. Rauk
(b) Address 6260 Harford Road

19 (a) JAN 16 1942 Huntington Williams M.D.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1942; at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 1-15 1942
and that I last saw h alive on 1-14 1942

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Hypertensive C.V. disease — Duration 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-15-42

correct age is especially important. Physicians, please write plainly.

4084193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 88149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6822 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lola Krieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 4-11-99

8. AGE: Years	Months	Days	If less than one day
42	9	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Beauchamp
13. Birthplace Md

MOTHER 14. Maiden Name Lellie Beaumont
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director L. J. Rush
(b) Address 520 Harford Ave.

19 (Date received by registrar) JAN 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 14 1942 at 925 M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 11 1942 to JAN 14 1942, and that I last saw her alive on JAN 14 1942

Immediate cause of death: Multiple pulmonary infarcts — Duration: 2 dat ?
Due to Mural thrombi
Due to Rheumatic heart disease — 2 yrs +
Hypertensive Cardiovascular disease — 2 yrs +
Other Conditions: with cardiac insufficiency — 2 yrs +
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Higgins, M.D.
Address Johns Hopkins Hospital Date signed Jan 15, 1942

correct age is especially important. Typewrite or print plainly with pen and ink.

VS 1

F 88150

MA 70123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-3

F 88150 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Ellsworth Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Knaver

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-4435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1890

8. AGE: Years	Months	Days	If less than one day
51	6	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Washer in Brewery
11. Industry or business

FATHER
12. Name John Knaver
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Schell
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave - Balto Md.

18 (a) Funeral director Peter F. Miller Son
(b) Address 2435 E. Oliver St

19 JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942 at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1941 to 1-14 1942 and that I last saw h[illegible] alive on 1-14 1942

Immediate cause of death: Multiple Lobular Caseation of Brain
Due to: Bronchopneumonia

Duration
2 mos 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 11-27-41
Major findings of operation: Sarcoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Ryder M. D.
Address Date signed 1-16-42

88151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-C Registered No. E 88151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: Provident Hosp -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 6602 Prescott ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Britt (Birth F 47313)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-42

8. AGE: Years | Months | Days 1 da | If less than one day hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Marshall J Britt
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred A. Forde.
15. Birthplace Balto. Md.

16 (a) Informant Mildred A. Britt
(b) Address 6602 Prescott ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Destroyed by Fire

18 (a) Funeral director
(b) Address

19 (a) JAN 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-42 19 at 10:31 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1942 to Jan 10, 1942 and that I last saw h/M alive on Jan 10, 1942

Immediate cause of death Hemorrhagic Anemia of Premature Birth — Duration 1 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St. Date signed 1-11-42

VS 3

A delivery [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88152 F 8815½

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Burleith Ave
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 E. Eager St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes M. Griffin

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: John H. Griffin
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76 yrs	5	19		

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Home Work at Home
11. Industry or business

FATHER
12. Name: John Coltart
13. Birthplace: England

MOTHER
14. Maiden Name: Not Known
15. Birthplace: " "

16 (a) Informant: Miss Margt Dunk
(b) Address: 1002 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 19 1942 (Month) (day) (year)
(c) Cemetery or crematory: Myer Catholic Cemetery
Location: 43rd & Old Frederick Rd

18 (a) Funeral director: Edward W. Conklin & Son
(b) Address: 942 E. Eager St.

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15th. 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940 to Jan. 15 1942, and that I last saw h[illegible] alive on Jan 15 1942.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 Day.
Due to: Arteriosclerotic Auto-Vascular Disease	?
Due to:	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph S. Blum, M.D.
Address: 208 E. Preston St Date signed: 1/16/42

VS 2

Please write plainly with pen or pencil. Do not use ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is entered in every case. Be sure that your answer to each question is complete and correct. Do not abbreviate. Write out the full name of the street or avenue; do not use figures. Be sure to answer all questions. Be sure that the cause of death is entered correctly and is especially important.

F 88153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 W. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis V. Zimmerman, Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1905

8. AGE: Years 36 | Months — | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business American Hammered Piston

FATHER
12. Name Louis V. Zimmerman, Ring Co.
13. Birthplace Balto., Md. Sr.

MOTHER
14. Maiden Name Mary Schaum
15. Birthplace Germany

16 (a) Informant Louis V. Zimmerman, Jr.
(b) Address 17 W. Fort Ave. (Father)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director A. Bayard Evans
(b) Address 1400 N. Charles St.

19 (a) JAN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1942

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1941 to Jan. 14 1942 and that I last saw h— alive on Jan. 3 1942

Immediate cause of death: Cardiac Thrombosis — 2 hrs.
Due to Acute Nephritis — 3 mos.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Williams M. D.
Address 17 W. Randall St. Date signed —

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

88154025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 47-D

F 88154
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State GA (b) County
(c) City or town ATLANTA (If outside city or town limits, write RURAL and give town)
(d) Street No. 1690 PEACHTREE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L Southwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Bessie J
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 9-25-82

8. AGE: Years	Months	Days	If less than one day
59	3	20 71	..... hr. ..... min.

9. Birthplace PENNA (Town, county, and state)
10. Usual Occupation BRANCH MANAGER
11. Industry or business

FATHER
12. Name WM A Southwell
13. Birthplace PENNA

MOTHER
14. Maiden Name MIRIAM WRIGHT
15. Birthplace PENNA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16 1942 (month) (day) (year)
(c) Cemetery or crematory Culloden Mem.
Location

18 (a) Funeral director John O Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (Date received by registrar) JAN 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1942, at 5.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1941, to JAN 16 1942, and that I last saw HIM alive on JAN 16 1942.

Immediate cause of death Exhaustion — Duration

following
Due to Pneumonectomy
- with rupture on P.O. #5
Due to Empyema stump
- Operation for cancer of lung

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Jan 7, 1942
Major findings of operation: Carcinoma of lung
of autopsy: Rupture of bronchus stump

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving D Sherman M. D.
Address Johns Hopkins Hosp. Date signed

correct age is especially important. Physicians: please write the causes of death plainly.

VS 8

88155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2541 Calvertow Heights (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Earl T. Culver

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-1313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs. Lola Culver
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 27, 1889

8. AGE: Years	Months	Days	If less than one day
52	5	19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Balto. Transit Co.

FATHER
12. Name Joseph Culver
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Bittle
15. Birthplace Maryland

16 (a) Informant Mrs. Lola Culver
(b) Address 2541 Calvertow Hgts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-1942 (month) (day) (year)
(c) Cemetery or crematory Hebron Memorial
Location " "

18 (a) Funeral director George L. Leonard
(b) Address 2101 Frederick Ave

19 JAN 16 1942 Registered Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1941 to Jan 15 1942 and that I last saw him alive on Jan 15 1942

Immediate cause of death: Cerebral hemorrhage — Ruptured peptic ulcer — Duration 10 hrs.
Due to
Due to
Other Conditions Hypertension — Cardio-Vascular Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Cerebral Hemorrhage
of autopsy: Ruptured peptic ulcer

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. DeVincentis M. D.
Address Mercy Hospital Date signed 1-15-42

PHYSICIAN: Write plainly. Fill every item. Give exact date of death and correct age in all cases. Physicians: please write the causes of death clearly and legibly.

F 88156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 88156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 E. 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. 23rd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Hildebrand

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband ~~or wife~~: BENTON C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1860

8. AGE: Years	Months	Days	If less than one day
82	0	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Jacob Messersmith
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Klingenhoffer
15. Birthplace Germany

16 (a) Informant Jacob M. Hildebrand
(b) Address 500 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave E.T.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Jan. 16 1942, and that I last saw her alive on 1-16 1942.

Immediate cause of death: Pneumonia — Duration: 3 days

Due to: Myocarditis — Duration: over May 1941

Due to: Arteriosclerotic cardio-vascular disease — Duration: May 1941

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony J. Thomas M.D.
Address 4600 York Rd Date signed 1-16-42

PHYSICIAN: Please fill in all items. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 88157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 Allendale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Allendale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Monnich

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frank Monnich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1879

8. AGE: Years 62 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry De Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Ortman
15. Birthplace Germany

16 (a) Informant Mrs Lillian Granda
(b) Address 118 Allendale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook
(b) Address 1219 St Paul Street

19 (a) JAN 17 1942 by reg Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942; at 12 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1, 1940 to Jan 16 1942, and that I last saw h[illegible] alive on Jan 15 1941.

Immediate cause of death: Intestinal obstruction — Duration: 3 weeks
Due to: Carcinoma of [redacted] colon at splenic Flexure
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen
Address 206 S. Gilmor St Date signed 1/16/42

correct age is especially important. Physicians: please write in ink and make entries legible.

88158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Ellsworth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Ellsworth St (If rural give location)
(e) Citizen of foreign country? 75 years (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Rehberger

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

Sex: Female | Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Christian Rehberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1859

8. AGE: Years 82 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Valentine Kirschner
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Schaffer
15. Birthplace Germany

16 (a) Informant Katherine Franck
(b) Address 2007 Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location East End North Ave

18 (a) Funeral director Kleeman Cook
(b) Address 1217 St Paul Street

19 (Date received by registrar) JAN 17 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942, at 645a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1941 to Jan 16 1942 and that I last saw her alive on Jan 10 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to Hypertensive Cardio vascular Disease — 10 yrs?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl Gramm M. D.
Address 2127 Patterson Pk Ave Date signed 1/16/42

correct age is especially important. Physicians: please write plainly and use permanent ink. Sign name as usual.

VS 8

F 88159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 88159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Semmler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Semmler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18/1869

8. AGE: Years 72 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Wm Heard
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret —
15. Birthplace Balto Md

16 (a) Informant John Semmler
(b) Address 908 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Philip Henry Ford
(b) Address 2024 Allens St

19 JAN 17 1942 Date filed by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942, to Jan. 14 1942, and that I last saw h-- alive on Jan. 14 1942.

Immediate cause of death Cerebral Hemorrhage. — Duration

Due to —

Due to —

Other Conditions Cerebral arterio-sclerosis. —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Wm Schmidt M. D.
Address 701 N. Fremont Ave Date signed 1/16/42

correct age is especially important, physicians, please write plainly.

VS 3

E 88460
409189

F 88160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address _____
(c) Hospital or institution: _____
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Argyle Ave (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

3 (a) FULL NAME Lillian Bradley

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Black	Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 9-22-22

8. AGE: Years	Months	Days	If less than one day
19	3	23	_____ hr. _____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation _____

11. Industry or business _____

FATHER
12. Name Elmer Bradley
13. Birthplace Md

MOTHER
14. Maiden Name Judy Hall
15. Birthplace Md

16 (a) Informant Parent
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory not Calvary
Location _____

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 17 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-1942 at 6:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1942 to 1-14-1942 and that I last saw her alive on 1-10-1942.

Immediate cause of death Peritonitis, tuberculous — Duration 5 mo.

Due to Pulmonary tuberculosis

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Hugo V. Ruggeri M. D.
Address Johns Hopkins Hosp. Date signed 1-19-42

correct age is especially important. Physicians: please write the cause of death in plain English.

F 88161 67714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 88161

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

14-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Brunt, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Oliver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1876

8. AGE: Years 65 | Months 0 | Days 30 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Fleetwood
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Hanson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Hartleys
(b) Address

19 (a) JAN 20 1942 (Date rec'd by registrar) Hunting for Hartleys Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1941, to 1-14 1942, and that I last saw h alive on 1-14 1942

Immediate cause of death: Cardiac failure — Duration: 4 years

Due to: Hypertension & C.V. lesions — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-16-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

F 88162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11 9a Registered No. F 88162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 14-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 Mosher st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma Ringgold

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1940

8. AGE: Years 1 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Chas. Ringgold
13. Birthplace Md

MOTHER 14. Maiden Name Alice Cook
15. Birthplace Md

16 (a) Informant Chas. Ringgold
(b) Address 804 Druid Hill ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Joseph Halsted
(b) Address 918 Druid Hill ave.

19 (a) JAN 17 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1942, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to Jan. 13 1942 and that I last saw her alive on Jan. 13 1942

Immediate cause of death: Acute gastro-enteritis — Duration: 1 week

Due to

Due to

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Gastro-enteritis & bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp. Date signed 1/14/42

correct age is especially important. Physicians please write the cause of death plainly and legibly.

F 88163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 N. 21st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rubin Rogers

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Elmira Jennings
(b) Address 1207 W 21st st

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Signature of Registrar) (b) Huntington Williams M.D. Registrar

JAN 17 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-1942; at 10:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy from the evidence obtained by said Inspection - Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mowbray M.D. Medical Examiner.
Date signed 1-8-42

Correct age is especially important. Physicians: please write out cause of death clearly and legibly.

F 88164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88164 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Linden Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN GOLDSMITH

3 (b) If veteran, name war ---------

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mathilde H. Goldsmith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1877.

8. AGE: Years	Months	Days	If less than one day
64	5	5	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gottschalk Goldsmith,
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Germany.

16 (a) Informant Mr. Fred Goldsmith,
(b) Address 2224 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director Uberall Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (Signature of local registrar) JAN 17 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16th. 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2-1941, to 1-16-1942. and that I last saw him alive on 1-16-1942.

Immediate cause of death Heart failure

Duration 1½ hours

Due to Heart muscle affection

Duration 6 months.

Due to

Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Weinberger M. D.
Address 912 Brooks Lane Date signed 1/18/42.

VS 8

88165 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-R F 88165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rosedale Terrace (If outside city or town limits, write RURAL and give town)
Street No. Rosedale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elnora Kraus

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Frank Kraus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-24-1887

8. AGE: Years	Months	Days	If less than one day
53	4	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Truitt
13. Birthplace Germany

MOTHER
14. Maiden Name Antoinette —
15. Birthplace Austria

16 (a) Informant Husband - Frank Kraus
(b) Address Rosedale Ave, Balt. Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem. Location Philadelphia Road.

18 (a) Funeral director Chas. E. Schlipmann
(b) Address 26 W. 23 E. Madison, St

19 (a) JAN 17 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 1P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia Chloride Poisoning — Duration 7 wk
Due to Nephritis; Chronic cystitis. Pyuria
Due to Diseases in Kidneys
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/15/42 at M
(c) Where did injury occur? Rosedale Ave Balto Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room (Specify type of place) While at work? No
(e) Means of injury Barbiturate Tablets

23. Signature H. Williams M.D. Medical Examiner
Date signed 1/15/42

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

VS 6

88166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 88166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 N. Linganore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N. Linganore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Hartwig

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife Francis Hartwig (dec'd) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1866

8. AGE: Years	Months	Days	If less than one day
75	7	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation housewife, at home

11. Industry or business

FATHER
12. Name Jacob Hoffstetter
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant William Fankhauser
(b) Address 831 N. Linganore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location North Ave

18 (a) Funeral director Charles B. Schimunek
(b) Address 2604 Madison St

19 (a) JAN 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1939 to Jan 15 1942 and that I last saw h.er alive on Jan 1 1942

Immediate cause of death: Carcinoma of Stomach, Adenosarcomatous Ca. of Liver — Duration

Due to Cardiac Hypertrophy, Mitral Insufficiency

Due to 3rd degree Compound Fracture, Femur & Pneumonia

Other Conditions: Cachexia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas B Marsh M.D.
Address 801 N. Linganore Date signed 1/16

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Please see that information is complete and correct age is especially important.

VS 1

F 88167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5682

F 88167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Odonnell St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emmitt G. Davis Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-8267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1918

8. AGE: Years	Months	Days	If less than one day
23	10	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Broom Sorter

11. Industry or business

FATHER
12. Name Emmitt G. Davis Sr.
13. Birthplace Essex Co Va.

MOTHER
14. Maiden Name Ida G. Stevens
15. Birthplace Essex Co Va.

16 (a) Informant Emmitt G. Davis Sr.
(b) Address 3416 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 19 / 42 (month) (day) (year)
(c) Cemetery or crematory Mt Cyprus
Location Odonnell St

18 (a) Funeral director Clarence E. Hoffman
(b) Address 1638 No Broadway

19 (a) JAN 17 1942 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942, at 5 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 15 1942, and that I last saw him alive on Jan 15 1942

Immediate cause of death: Rheumatic Pancarditis — Duration 1 mo
Myocardial Failure. — 12-1-41.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None.
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Schimmoth M. D.
Address 842 S. Ford Ave. Date signed 1-16-42

VS 3

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

F 88168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88168

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S. Greene St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Greene St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Wallace

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	col.	Married

6 (b) Name of husband or wife Sarah Wallace
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 4-13-96

8. AGE: Years	Months	Days	If less than one day
45 46	9	2	hr. min.

9. Birthplace Calvert Co.
(Town, county, and state)
10. Usual Occupation Saloon
11. Industry or business

FATHER 12. Name	Samuel Wallace
13. Birthplace	Calvert Co.
MOTHER 14. Maiden Name	Emma Woods
15. Birthplace	Calvert Co.

16 (a) Informant wife.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 18 42 (month) (day) (year)
(c) Cemetery or crematory Calvert Co. Md.
Location Md.
18 (a) Funeral director Walter R. Griggs
(b) Address 139 W. Hamburg St.
19 (a) (Date received by registrar) JAN 17 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1942 at 2.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11- 1941 to 1-15- 1942 and that I last saw him alive on 1-14-1942.

Immediate cause of death	Duration
Lobar pneumonia	15 days
Partial para plegia	4 mos.
Due to Hy Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M.D.
Address 600 Washington Date signed 1-16-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

Med Exam Case

F 88169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-D

F 88169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO. CO.
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 2743 DUNGLEN COURT (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DOROTHY SHARROW

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife GENE SHARROW
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 5-31-11

8. AGE: Years	Months	Days	If less than one day
30	7	15	hr. min.

9. Birthplace OHIO (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name MARTIN QUALEY
13. Birthplace OHIO

MOTHER
14. Maiden Name MARY KEENAN
15. Birthplace PENNA.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Prescott
Location Warren, Ohio

18 (a) Funeral director John B. Gladstone Sons
(b) Address 1600 Eutaw Place

19 (a) JAN 17 1942 (Date rec'd by registrar) Huntington Nicholas, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 3 1941 to JAN 16 1942 and that I last saw her alive on JAN 16 1942

Immediate cause of death
Poisoning by bichloride of Mercury, suicide
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes. - Dr. H.

Duration 18 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12-29-41 at P M
(c) Where did injury occur? 2743 Dunkalk Court (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No Tablets
(e) Means of injury Swallowing Bichloride Mercury

23. Signature Roger L. Gruel M. D.
Address 714 W Date signed
Howard J. Walden M.D

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 88170
SS 71012

BALTIMORE CITY HEALTH DEPARTMENT ✓
CERTIFICATE OF DEATH 46-G

F 88170
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Riddle

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1860

8. AGE: Years	Months	Days	If less than one day
81	4	6	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Beal Riddle
13. Birthplace Maryland

MOTHER
14. Maiden Name Isabelle Hume
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (b) Date thereof 1-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Balto. Md.
18 (a) Funeral director Geo. K. Beyer Jr
(b) Address 1512 Hollins St.
19 (a) (Date received by registrar) JAN 17 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942 at 11 03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1942 to 1-14 1942 and that I last saw h[illegible] alive on 1-14 1942.

Immediate cause of death	Duration
Carcinoma of the pancreas	
Due to	
Due to	
Other Conditions Cirrhosis of the liver, Ruptured (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard R. Rabkin M. D.
Address Balto. City Hosp. Date signed 1-15-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 88171 Missell ✓ F 88171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Hudson St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Hudson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernetta Missell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female W

5. Color or race

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Williams St. Missell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name William. Harrison

13. Birthplace ?

MOTHER 14. Maiden Name Alice Tydings

15. Birthplace Harford County Md

16 (a) Informant William Missell

(b) Address 2821 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director John J. Tyda

(b) Address 2829 Hudson St

19 (a) (b) Huntington Registrar

DEC 31 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942, at 10 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 14 1942 and that I last saw deceased alive on Jan 14 1942.

Immediate cause of death: Arteriosclerotic C-V-Disease

Coronary Sclerosis

Due to Coronary Occlusion

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy None

Duration
Jan 7/42
Jan 14/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 842 S. Eaton Ave Date signed 1-16-42

F 88172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 88172
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Bevans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER ROBINSON — ELIX A. ROBISON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Saloon

11. Industry or business

FATHER 12. Name William Robinson

13. Birthplace Md

MOTHER 14. Maiden Name Estella

15. Birthplace Md

16 (a) Informant Estella Robinson (D)

(b) Address 823 Bevans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location a a. Co Md

18 (a) Funeral director Isaac L. Brown & Son

(b) Address 1018 N Montgomery St

19 (a) JAN 17 1942 (Date registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 6 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture of 5th, 6th cervical vertebra — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 12 1942 at 4 30 P.M.
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury fell from 2nd floor to 1st floor

23. Signature H Z Williams M.D.
Medical Examiner.
Date signed 1-12-42

Correct age is especially important. Typewriter, pencil or pen must be used in writing the causes of death clearly and legibly.

VS 6

E 88173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

E 88173 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 W Preston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Junior Paul Haller

3 (b) If veteran, name war None

3 (c) Social Security Account No. 300-05-4407

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife Norma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-15

8. AGE: Years 26 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name George Michael
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Isner
15. Birthplace W Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** Jan. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Webster
Location Taylor County W. Va.

18 (a) Funeral director William E Cook
(b) Address 1217 dt. Paul St.

19 (a) JAN 17 1942 (Date received by Local Registrar) **(b)** Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 17 1942 at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1942 to JAN 17 1942, and that I last saw him alive on JAN 17 1942.

Immediate cause of death Brain Tumor - primary — Not malignant — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Frolander M.D.
Address Johns Hopkins Hosp. Date signed Jan 17 1942

F 88174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 88174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Beverly Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Beverly Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. F. Mayo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Helen Nissen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 13th 1863

8. AGE: Years	Months	Days	If less than one day
78	4	-	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Helen Mayo
(b) Address 3205 Beverly Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 5305 Harford Ave. Huntingtown Williams, Inc.

19 (a) JAN 17 1942 (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1935 to Jan 15 1942, and that I last saw him alive on Jan. 15 1942.

Immediate cause of death
Chr. myocarditis + chr. endocarditis
Due to Arteriosclerotic cardio vascular renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
5 yrs
10 yrs?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature S. A. Alessandroni, M.D.
Address 6217 Harford Rd Date signed 1/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88175 ✓ F 88175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 2416 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

Birth # 4299

3 (a) FULL NAME Infant Girl of Arthur E. & Mary Duffy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/16/42

8. AGE: Years 0 | Months | Days | If less than one day 17 hr. 30 min.

9. Birthplace Mercy Hospital Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Arthur E. Duffy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E. McLaughlin
15. Birthplace Baltimore Md

16 (a) Informant Mary E. McLaughlin
(b) Address 2416 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Loving Byers
(b) Address 5005 Reisterstown Rd

19 (a) JAN 17 1942 (Date received by registrar)

Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1942, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1942, to 1/16 1942, and that I last saw her alive on 1/15 1942.

Immediate cause of death Atelectasis — Duration 12 hr.

Due to

Due to

Other Conditions Asphyxia at birth

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: X

of autopsy: X

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1701 Eutaw Place Date signed 1/16/42

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Where deaths occur without medical attendance, the Coroner must be notified. Ages, if under one year, should be stated in months, days or hours; if under one day, in hours or minutes. Do not use abbreviations. Be sure that every question is answered. Omissions cause unnecessary correspondence. Be sure that the cause of death is stated so that it can be understood by a non-medical person. Indefinite terms, such as "Heart Failure," "Kidney Trouble," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Senility," "Infection," "Hemorrhage," "Convulsions," "Paralysis," "Uremia," "Old Age," should be explained. Do not report mere symptoms, such as pain, weakness, convulsions, coma, etc. Name the disease causing these symptoms, and the primary cause, if known. Do not report occupations that are not dangerous or unhealthful. Statements of relationship, date and place of birth, and residence should be carefully investigated and accurately recorded. Information regarding marriage should be obtained from the person best informed. Write the name of the street and number of the house in which the deceased resided. If in a hospital or institution, write the name of the institution instead of the street and number. Write the name of the city or town in which the deceased resided. If outside the city or town limits, write RURAL and give name of county. If rural, give location sufficiently definite to locate readily. Write the name of the state in which the deceased resided. If a citizen of a foreign country, write the name of the country instead of the state. Write the name of the state in which the birth occurred. If born in a foreign country, write the name of the country instead of the state. Write the name of the state in which the deceased was born. If born in a foreign country, write the name of the country instead of the state. Write the name of the state in which the deceased was born. If born in a foreign country, write the name of the country instead of the state.

F 88176 ✓ F 88176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Agnes A Bucher

3 (b) If veteran, name war: _____ | 3 (c) Social Security Account No.: _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Carl Bucher
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov 7 1877

8. AGE: Years	Months	Days	If less than one day
64	2	9	____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Gregor Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Hellmeyer
15. Birthplace Baltimore

16 (a) Informant Carl Bucher
(b) Address 2916 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 19 - 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location
18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) JAN 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 - 1942 at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 16 1942 and that I last saw h alive on Jan 16 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 Days
Due to Generalized arteriosclerosis with hypertension — Duration 4 years
Due to _____
Other Conditions Cholecystitis. (Remedy) — Duration 20 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____
23. Signature H Winchel M. D.
Address 2901 Edmondson Ave Date signed Jan 16 42

VS 3

Eurich

F 88177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-2

F 88177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Hoffman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Iris Eurich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife George Eurich
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 5/24/1913

8. AGE: Years	Months	Days	If less than one day
28	7	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business (Operator) None

FATHER
12. Name Edward W. Cannon
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Jane Holtzman
15. Birthplace Baltimore Md.

16 (a) Informant Ella May Smith
(b) Address 402 N. Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director Chas. P. Tawsell
(b) Address 2417 E Monument ave.

19 (a) JAN 17 1942 Huntington Wilson
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942, at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came her death on the day stated above.

Immediate cause of death: Intracranial Injury — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/16/42 at 3:15 A.M
(c) Where did injury occur? Catonsville Baltimore Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Passenger - automobile collision with Streetcar

23. Signature W. H. Weidenhof M.D.
Medical Examiner.
Date signed 1/16/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88178 F 88178

MA 70928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 117-42

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Spring Grove Hospital (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Hudon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1901

8. AGE: Years	Months	Days	If less than one day
40	3	7	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Victor Hudon
13. Birthplace ?

MOTHER
14. Maiden Name Caron ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem. Location Guilford Hall Rd

18 (a) Funeral director John J. Tabler & Son
(b) Address 1 W. Lexington St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1942 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1942 to 1-9 1942 and that I last saw alive on 1-9 1942.

Immediate cause of death: Shock & Cardiac failure

Due to Carcinoma

Due to Bleeding gastric ulcer

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-9-42

Major findings of operations: Cancer

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hal Ryder M. D.
Address BCH. Date signed 1-12-42

Please answer all questions correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 12 1942

F 88179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Reisterstown Rd. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn B. Norfolk
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Albert W. Norfolk
6 (c) If alive, give age — If dead, how long — years
7. Birth date of deceased (mo., day, yr.) March 18, 1905
8. AGE: Years 36 | Months 10 | Days 2 | If less than one day ___ hr. ___ min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Benjamin Williams
13. Birthplace Balto. City

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Evelyn B. Norfolk
(b) Address Reisterstown, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Harford Road
18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.
19 (a) JAN 17 1942 (Date received by registrar) (b) Huntington Hilliard, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1942, at 12:20 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8, 1941, to 1-17-42 19__, and that I last saw h[illegible] alive on 1-17-1942.

Immediate cause of death: Endocarditis
Due to: Septicemia, Puerperal.
Due to: Virulent staphylococcus
Other Conditions: Ruptured Ectopic pregnancy, left tube & ovary
(Include pregnancy within 3 months of death)
Date of operation 11-4-41
Major findings of operation: Placenta previa & breech; 32 weeks
of autopsy: 1-17-42

Duration: [illegible]

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. L. Gibbs M. D.
Address University Hospital Date signed 1-17-42

VS 3

F 88180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88180

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Aliceanna Sts

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1210 Poplar Grove St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Jennie H. Steumsky - (Strumsky)

3 (b) If veteran, name war

3 (c) Social Security Account No. 183-09-8425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/31/1874

8. AGE: Years	Months	Days	If less than one day
67	2	14	12 hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Shaper & Solderer

11. Industry or business Co

FATHER

12. Name Louis Steumsky

13. Birthplace Germany

MOTHER

14. Maiden Name Mary L. Kashner

15. Birthplace Germany

16 (a) Informant William Steumsky

(b) Address 1210 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel

Location Maryland

18 (a) Funeral director C. B. Shipley & Sons

(b) Address 300 Eutaw Place

19 (a) JAN 17 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1942 at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1941 to 1/14 1942 and that I last saw h[illegible] alive on 1/14 1942.

Immediate cause of death	Duration
(a) Pulmonary Embolism	
Due to (b) Heart Failure	2 wks
Due to (c) Bronchopneumonia	
Other Conditions Arteriosclerosis	Dia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. V. Longaker

Address St. Joseph's Hospital Date signed 1/14/42

VS 3

88181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. F 88181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street address 1725 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1919

8. AGE: Years 22 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Yardman

11. Industry or business

FATHER
12. Name Ernest Wright
13. Birthplace Va

MOTHER
14. Maiden Name Frances Humphreys
15. Birthplace Va

16 (a) Informant Frances Wright
(b) Address 1725 E Eager St

17 (a) Burial (b) Date thereof 1 (month) 19 42 (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co

18 (a) Funeral director Farmer Sanders
(b) Address 1412 E Preston St

JAN 17 1942 (b) Huntington Williams MD
(Date rec'd by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 1/16 1942 and that I last saw him alive on 1/16 1942

Immediate cause of death: Tuberculosis Pulmonary Meningitis — Duration 9 months

Due to

Due to

Other Conditions Chronic Topic Dermatitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. V. Tompkins
Address St Joseph's Hospital Date signed 1/18/42

F 88182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 88182

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is complete and correct. Data for items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 may be obtained from relatives or other informants. The age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2636 Oswego Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Oswego Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL H. BETZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ella F. Betz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1869

8. AGE: Years	Months	Days	If less than one day
72	9	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business U. S. P. O.

FATHER
12. Name Christopher Betz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Paul L. Betz
(b) Address 413 E. Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ /42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 17 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1942 at 1:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1941 to Jan 15 1942 and that I last saw he alive on Jan 15 1942

Immediate cause of death	Duration
Uraemic Coma	4 days
Due to Chronic Nephritis	2 yrs
Due to Cerebral Arterio Sclerosis	Unknown
Other Conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	Unknown

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Ashburn M. D.
Address 402 Park Ave. Date signed 1-17-42

VS 3

F 88183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 88183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 870 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 870 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Gebrandy

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie Gebrandy
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct. 19-1863

8. AGE: Years	Months	Days	If less than one day
78	2	26	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired -
11. Industry or business

FATHER
12. Name John Gebrandy
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Lottie Gebrandy
(b) Address 870 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Ave.

18 (a) Funeral director M. W. K. Oppel's Son
(b) Address Howard & Ann Sts.

19 JAN 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1942, at 11 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Cerebral Hemorrhage Spontaneous

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-17-42

VS 6

* Strike out words not necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

88184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 88184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Do not abbreviate. Give full name of street and number. Do not use ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Norfolk Co. (b) County
(c) City or town NORFOLK (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Fairfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman-O'Neal

3 (b) If veteran, name war

3 (c) Social Security Account No. 227-14-5053

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1917

8. AGE: Years	Months	Days	If less than one day
24	6	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None
11. Industry or business Diesel Tractor Operator

FATHER
12. Name David O'Neal
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nancy Williams
15. Birthplace North Carolina

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Riverside Cem
Location Port Lock Va

18 (a) Funeral director John C. Miller Inc
(b) Address 2433 E. Monument St

19 JAN 17 1943 Registrar Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to June 16 1942 and that I last saw him alive on June 16 1942

Immediate cause of death: Uremia, ? due to chronic glomerulonephritis. — Duration: ?

Due to: Heart failure, due to — Duration: 5 days.

Due to: hypertensive cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lentzler jr.
Address Johns Hopkins Hosp. Date signed 1/16 M.D.

VS 8

F 88185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Lehmann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Lehmann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME George F. Wolx WOLF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 1858

8. AGE: Years 83 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Meat Salesman

FATHER
12. Name George Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Horn
15. Birthplace Germany

16 (a) Informant Walter A. Wolf
(b) Address 1713 Lakeside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George E. Schwab
(b) Address 2101 Frederick Ave

19 (a) JAN 18 1942 (b) Filed recorded registered Registrar
Health Officer for Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 at 5:30 P.M.

21. I certify that deceased occupied on the date above stated; that I attended deceased from July 1940 to Jan 16 1942 and that I last saw h— alive on Jan 15 1942

Immediate cause of death	Duration
Acute Cardiac Dilitation	2 Days
Pulmonary Edema	
Due to Chronic Myocarditis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 2687 Madison Ave Date signed Jan 16-42

F 88186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 88186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 353 S. Bentalow St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 353 S. Bentalow St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Tamm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Rudolf Tamm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1865

8. AGE: Years	Months	Days	If less than one day
76	—	22	hr. min.

9. Birthplace Austria (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Trympanski
13. Birthplace Austria

MOTHER
14. Maiden Name Josephine Seifert
15. Birthplace Austria

16 (a) Informant Mrs. John F. Fife
(b) Address 353 S. Bentalow St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan. 17-1942 (month) (day) (year)

(c) Cemetery or crematory Johnstown Pa
Location

18 (a) Funeral director George L. Lafrankie
(b) Address 2101 Frederick Ave

19 (a) JAN 18 1942 Hunting Park Avenue, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1942, at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1941 to Jan 16 1942, and that I last saw her alive on Jan 16 1942.

Immediate cause of death: Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions Metastasis Liver Arteriosclerosis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Seagmeth M. D.
Address 1724 W. Lombard St Date signed 1/17/42

VS 3

F 88187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered or a satisfactory reason given. If unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4002 Wilsby Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Wilsby St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

91

3 (a) FULL NAME Annie L. Sard

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Aug 16-1858
8. AGE: Years: 83 Months: 5 Days: - If less than one day: hr. min.
9. Birthplace: Baltimor Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: unkown
13. Birthplace: unkown

MOTHER
14. Maiden Name: Unkown
15. Birthplace: Unkown

16 (a) Informant: Cora L. Sard
(b) Address: 4002 Wilsby
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-19-42 (month) (day) (year)
(c) Cemetery or crematory: Cambridge Md
Location: Eastern Shore Md
18 (a) Funeral director: Williams Cook
(b) Address: 1217 St. Paul Street
19 (a) JAN 19 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16 1942, at 5 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1941, to Jan 16 1942, and that I last saw h[illegible] alive on Jan 16 1942

Immediate cause of death: Myocardial failure — Duration:
Due to: Chronic Myocarditis 1 yr.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Lloyd E. Sayler M. D.
Address: 3902 Fremont Ave Date signed: Jan 19 42

VS 3

F 88188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 88188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3649 Chestnut Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3649 Chestnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

1941

3 (a) FULL NAME MARY ELIZABETH CARRIGAN

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles F. Carrigan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 28, 1858

8. AGE: Years 83 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William G. Dorschal
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore, Md.

16 (a) Informant: Edward E. Carrigan
(b) Address: 3649 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: Wilson Cook
(b) Address: 1217 St. Paul St.

19 (a) JAN 18 1942 (b) Huntington, W. Va.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1942, at 3:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Jan. 17, 1942, and that I last saw h alive on Jan. 17, 1942.

Immediate cause of death: Arteriosclerosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Julian Gilbert M. D.
Address 2486 W. 36th St Date signed 1-17-42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Also state whether deceased was married, widowed, or divorced, and correct age is especially important.

F 88189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~Not~~ 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Maryland Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis P. Headley

S S 216-01-3710

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Claire Headley
6 (c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): Jan 3, 1890
8. AGE: Years 52 | Months - | Days 13 | If less than one day ____ hr. ____ min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Auto Laborer
11. Industry or business:

FATHER
12. Name: Louis Headley
13. Birthplace: Va

MOTHER
14. Maiden Name: Lucy Spencer
15. Birthplace: Va

16 (a) Informant: Claire M. Headley
(b) Address: 2520 Maryland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42 (month) (day) (year)
(c) Cemetery or crematory: Monroe
Location: Bellefield Md
18 (a) Funeral director: Williams Co
(b) Address: 1217 E. Baltimore St
19 (a) 1/18 1942 (Date received by Registrar) (b) Huntington, W. Va. (Registered No.)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 at 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1941 to Jan. 16 1942, and that I last saw him alive on Jan. 9 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas C. Wilson M. D.
Address Univ. Hospital Date signed 1/18/42

F 88190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 88190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information on this certificate is required by law. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josef Bonhardi

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Rosa Bonhardi
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.): Sept 5th 1873
8. AGE: Years 68 | Months 4 | Days 12 | If less than one day: hr. min.
9. Birthplace: Vienna Austria (Town, county and state)
10. Usual Occupation: Sign Painter
11. Industry or business: unemployed

FATHER
12. Name: Isadon Bonhardi
13. Birthplace: Austria

MOTHER
14. Maiden Name: Rosalie Stern
15. Birthplace: Austria

16 (a) Informant: Fred Bonhardi
(b) Address: 4509 Harvon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 18-42 (Month) (day) (year)
(c) Cemetery or crematory: Baltimore Hebrew
Location: Belair Rd.
18 (a) Funeral director: William Cat
(b) Address: 1217 St Paul St

JAN 18 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942 at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16th 1942 to Jan 16th 1942 and that I last saw him alive on Jan 16th 1942.

Immediate cause of death	Duration
Edema pulmonum	5 hours
Due to Cerebral hemorrhage	18 hours
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Bix M. D.
Address 2516 Linden Ave Date signed Jan 17 42

VS 8

Hunterston Williams M.D.

Mars 7 30 Little Flower

F 88191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93 D

F 88191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Parklawn Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Parklawn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

8 in 1

3 (a) FULL NAME Henry Jn. Staylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Carrie V. Thorpe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23-1866

8. AGE: Years	Months	Days	If less than one day
75	4	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired City Employe
11. Industry or business City

FATHER
12. Name Henry Jn. Staylor
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Rilley
15. Birthplace Baltimore Md

16 (a) Informant Son
(b) Address 3411 Parklawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director Frank V. Pikitone
(b) Address 2818 E. Baltimore St.

19 (a) [illegible] (b) Huntington Williams St.

JAN 18 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16, 1942, at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Jan 16 1942 and that I last saw him alive on Jan 16 1942

Immediate cause of death
Pulmonary Edema
acute failure of chronic myocarditis
Due to arteriosclerosis
Due to Hemiplegia

Duration
2 days
years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. D. Lapsley M. D.
Address 1937 E. Patterson Ave Date signed 1/17/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 88192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-7

F 88192

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 Eutaw Pl
(c) Hospital or institution: L

(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Eutaw Pl
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Avner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-18-2465

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Avner
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Austria
(Town, county and state)

10. Usual Occupation Junk Dealer

11. Industry or business

FATHER
12. Name Leib Avner
13. Birthplace Austria

MOTHER
14. Maiden Name Adel Hefler
15. Birthplace Austria

16 (a) Informant Sarah Avner
(b) Address 2400 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Spring Run

18 (a) Funeral director Clark Louis Jr
(b) Address 1439 E. Balto St

19 JAN 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1942 at 6:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1941 to Jan 17 1942 and that I last saw him alive on Jan 17 1942

Immediate cause of death
Pulmonary Edema
Due to Pulmonary
Due to Malignancy
Other Conditions

Duration 2 hr about 6 months

(Include pregnancy within 3 months of death)
Date of operation Dec 1941
Major findings of operation: Bronchogenic - Tumor
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Deutsch M.D.
Address 2404 Eutaw Pl Date signed 1/17/1942

VS 8

F 88193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd + Albert St
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Waldorf Ave City (If rural give location)
Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Mrs Bessie Danoff

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Jewish	W

6 (b) Name of husband or wife Mr Abraham Danoff
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) ? 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Soloman Dalvitz
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs Frank Caplan
(b) Address 1801 Murray, Balto. PA 5-3338

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Belair Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (a) JAN 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1941 to Jan 18 1942 and that I last saw h[illegible] alive on Jan 18 1942.

Immediate cause of death	Duration
~~Terminal~~ Respiratory failure	1 days
due to Lobar pneumonia	8 weeks
Due to ~~Terminal~~	
Other Conditions Kidney stone Rt	7 years
Pneumococcic septicemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Allen T. Hedrick M. D.
Address Union Memorial Hospital Date signed 1-18-42

VS 3

F 88194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Abbott Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Florietta Greenspoon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
55				

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Meyer Paymer
13. Birthplace Germany

MOTHER 14. Maiden Name Hannah Hirsch
15. Birthplace Germany

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rest
Location Pikesville Md

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar
JAN 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Coronary Thrombosis — Duration 12 hrs.
Due to Arteriosclerosis
Due to
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J H H Date signed

F 88195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-e

Registered No. F 88195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Auchentoroly Terr (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME MARY SILVERMAN

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Barney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Julia Malowitz
15. Birthplace Russia

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jos Levin Inc
(b) Address 1439 E. Balto St.

19 (a) JAN 18 1942 (Date rec'd by registrar) (b) [illegible] for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-42 19 43 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1941 to Jan 17 1942 and that I last saw her alive on Jan 17 1942.

Immediate cause of death Cachexia & anemia — Duration

Due to Cancer of vagina & metastases to kidneys, liver, & pelvic bones.

Due to Uremia.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as clinical (Cachexia)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Donald Phillips MD M. D.
Address Sinai Hospital Date signed 1/17/42

VS 8

Physicians, Nurses, Undertakers: Please write the causes of death clearly and legibly. Age is especially important.

F 88196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 88196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Lake Drive Apts.

(b) Street address Lake Drive nr. Linden Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Lake Drive Apts. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME MARIE WIESENFELD LOWENSTEIN.

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Abraham Lowenstein. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9th. 1872

8. AGE: Years	Months	Days	If less than one day
69	6	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name David Wiesenfeld,

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Sarah Metzger,

15. Birthplace Balto. Md.

16 (a) Informant Mrs. S. Rothschild,

(b) Address Lake Drive Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42. (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director Marie Lowenstein's Sons

(b) Address 1902 Eutaw Place

19 (a) (Date received by Registrar) JAN 18 1942 (b) Huntington Willi[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16th. 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1941 to Jan. 16 1942. and that I last saw h[illegible] alive on Jan. 16 1942.

Immediate cause of death Cardiac failure — Duration 4 days

Due to Coronary thrombosis — 4 weeks

Due to Arteriosclerosis, Hypertensive disease — 20 yrs

Other Conditions Arteriosclerotic nephritis,

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert M. Gundersheimer, Jr. M. D.

Address Riviera Apts. Date signed

F 88197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1131-B

F 88197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3724 Old Frederick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give name)
(d) Street No. 3724 Old Frederick Rd (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Schwartzkopf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Jan 4 1865
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1 4 1865
8. AGE: Years 77 Months — Days 11 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Schroen
13. Birthplace Germany

MOTHER
14. Maiden Name Cora Dixon
15. Birthplace Germany

16 (a) Informant Mary Schwartzkopf
(b) Address 3724 Old Frederick Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore
18 (a) Funeral director Geo. A. Kelly
(b) Address Fulton & Fayette
19 JAN 18 1942 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942, at 7:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1941, to Jan 15 1942, and that I last saw h[illegible] alive on Jan 15 1942.

Immediate cause of death Chr. Nephritis with Uremia — Duration 6 days
Due to
Due to
Other Conditions Chr. Cholecystitis Hypertrophic Arthritis — Duration 4 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M. D.
Address 1321 Fred. Ave Date signed 1-16-42

VS 3

F 88198

F 88198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 N Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N Monroe (If rural, give location)
20 Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J Getzendanner Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-6862

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary Anne Getzendanner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1864

8. AGE: Years 77 Months Days 29 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Supt Printing Dept

11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Charles Getzendanner
13. Birthplace Md

MOTHER
14. Maiden Name Mary Connor
15. Birthplace Maryland

16 (a) Informant Thos. J Getzendanner Jr
(b) Address 319 N Monroe St

17 (a) Burial (b) Date thereof 1-19-42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geo R Stanley
(b) Address Fulton Ave & Lafayette

19 JAN 18 1942 (b) Huntington W Va (Registrar)
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1942 at 6 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1936 to 1/15 1942 and that I last saw h[illegible] alive on 1/15 1942

Immediate cause of death Cerebral Cardiac Failure — Duration 4 hrs

Due to Coronary Sclerosis — Duration 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. Lawrence M. D.
Address 1 W Washington St Date signed 1/16/42

VS 1

F 88199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 88199 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" where necessary. If unknown, or if the question is not applicable, state the fact. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink. Physicians: please write the causes of death clearly and legibly. Give the exact place of death and the full name of the deceased. Do not use initials but write the full name. Do not abbreviate. Write the name of the street and number of the house in which the death occurred or the deceased resided. Give the usual residence of the deceased, even though death occurred elsewhere. The information requested must be furnished as completely as possible. Omission of essential facts will cause delay in issuance of permit. Write in the space provided for each item. Do not write in margins. Be sure to sign the certificate in ink.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6300 Old Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) [illegible] 6300 Old Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James P Doyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	2	4		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm. Lacey
13. Birthplace Ireland

MOTHER
14. Maiden Name Eliz. Lambert
15. Birthplace Ireland

16 (a) Informant James P Doyle
(b) Address 6300 Old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Rucki
(b) Address 5305 Harford Road.

19 JAN 18 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1942, at 7:30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 1-27-1929 to 1-16-1942 and that I last saw her alive on 1-16-1942.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Lybert M. D.
Address 2902 Harford Rd Date signed 1-17-42

VS 3

F 88200 70290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88200 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 da
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815½ E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gurson James Dixon 70290

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1904

8. AGE: Years	Months	Days	If less than one day
37	5	4	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Dixon
13. Birthplace N.C.

MOTHER 14. Maiden Name Dora Hollman
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-42 (month) (day) (year)
(c) Cemetery or crematory Norfolk
Location Va

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1082 W Montgomery St

19 (a) JAN 18 1942 (Date rec'd by registrar) (b) Registrar for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 at 6:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1941 to Jan 16 1942 and that I last saw h alive on Jan 16 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard X. Baltburn M. D.
Address Balto. City Hosp Date signed 1-16-42

VS 8

F 88201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information must be obtained or entry supplied. Item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olivia Brodie

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1884

8. AGE: Years 57 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Brodie
13. Birthplace ?

MOTHER
14. Maiden Name Ellen Johnson
15. Birthplace Harford Co. Md.

16 (a) Informant Carrole Bond
(b) Address 112 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. Francis A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JAN 18 1942 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1942, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1942 to Jan. 15 1942 and that I last saw h[illegible] alive on Jan. 15 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days
Due to Hypertension
Due to Chronic Heart Disease
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 1/15/42

F 88202 — Caldwell — F 88202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Brune St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Caldwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]79

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not known
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Dorothy Bradburn
(b) Address 717 Brune St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Mrs Warren A. Hemsley
(b) Address 576 W. Biddle St.

19 JAN 18 1942 Huntington Williams M.D. (Signature of City registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1942 to Jan. 15 1942 and that I last saw [illegible] alive on Jan. 15 1942

Immediate cause of death — Duration
Carcinomatosis of the Stomach with Generalized Metastasis — 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Adenocarcinoma of Stomach with Generalized Metastasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Pechtel
Address Provident Hospital Date signed 1/16/42

VS 3

F 88203 SS 71149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 88203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. If any item cannot be correctly supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1408 s. Lafayette Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mark Williams

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1880

8. AGE: Years	Months	Days	If less than one day
61	8	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None--Sells Ice in Summer

11. Industry or business

FATHER
12. Name Alap [illegible] Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hill
15. Birthplace England

16 (a) Informant B. C. H. records
(b) Address Baltimore City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) Filed JAN 18 1942 Received JAN 18 1942 Harrington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1942 at 2 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 1-16 1942 and that I last saw [illegible] alive on 1-14 1942.

Immediate cause of death	Duration
Peritonitis	24 hrs
Due to Intestinal Obstruction	?
Due to Carcinoma of Rectum	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-14-42

Major findings of operation: Intestinal Obstruction

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald A. Stabler M. D.
Address Balt City Hosp Date signed 1-16-42

F 88204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-7

F 88204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 N. Caroline Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 N. Caroline Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Justina Snyder

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry T. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26, 1850

8. AGE: Years 91 | Months 0 | Days 20 | If less than one day ######## min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frederick W Ulrich
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Bower
15. Birthplace Germany

16 (a) Informant Miss. Agnes L. Snyder
(b) Address 1515 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave

19 (a) (Date received by registrar) JAN 18 1942 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1942 at 11:57 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN - 3 1942 to JAN 16 1942 and that I last saw h[illegible] alive on JAN 16 1942

Immediate cause of death Dilated heart and thrombosis — Duration 13 days

Due to

Due to

Other Conditions Chronic Endo-carditis & Chronic Myocarditis

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation: NONE

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Duke M.D. M. D.
Address 928 E. North Ave Date signed 1-17-42

JAN 18 1942

88205

HEALTH DEPARTMENT—CITY OF BALTIMORE

88205

CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 S. Lehigh St. 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josepha Frances Frost (or, if Person operated on, Patient's usual name) Louisa Klee

(a) Residence: No. 344 S. Lehigh St., Balto. Md. 213-07-7700

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie F.

6. DATE OF BIRTH (month, day, year) March 2-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garrett St. Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Frost

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — — —

16. BIRTHPLACE (city or town) (State or country) — — —

17. INFORMANT Nellie F. Frost

(Address) 344 S Lehigh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Rest Date June 19 44

19. UNDERTAKER John G. Hogan

(Address) 3110 E Baltimore St.

20. FILED JAN 18 1942 Registrar

Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/42, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 19 41 to Jan. 16 19 42

I last saw him alive on Jan. 16, 19 42 Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cirrhosis of Liver	
Uremia	about 10 days

Other contributory causes of importance

Was an operation performed? YES Date of Dec. 15-1941

For what disease or injury? Cirrhosis of Liver

Name of operation Saphenous - peritoneal anastomosis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj. B. Mozes M. D.

(Address) 448 N. Longwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

8

F 88206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88206

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Montpelier St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Clarence E. Barth Anistoca Barth.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 22 - 1882

8. AGE: Years	Months	Days	If less than one day
59	6	24	hr. min.

9. Birthplace Balto Md.

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Samuel E Houston
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Clarena Curtis
15. Birthplace 1112 Montpelier St

16 (a) Informant Clarence Barth.
(b) Address 1112 Montpelier St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aisquith St.

19 (a) JAN 18 1942 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 - 1942 to Jan. 16 1942 and that I last saw h[illegible] alive on Jan 16 1942.

Immediate cause of death: Diabetic Coma — Duration 5 days

Due to

Due to Arteriosclerotic Kidneys ?

Other Conditions Arteriosclerotic Heart Dis. ?
Pulmonary Tuberculosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Hartman, M.D.
Address Franklin Square Hospital 1/16/42

Huntington Williams, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 88207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 442 E. Camden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HOLLIS WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 3/10/1894

8. AGE: Years	Months	Days	If less than one day
47	9	27	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Public Chauffeur

11. Industry or business

FATHER
12. Name Jowell Williams
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Annie Williams
15. Birthplace Eastern Shore Md.

16 (a) Informant Annie Carrington (Wife)
(b) Address 347 Camel St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Chas D Draper
(b) Address 1700 Calhoun St.

JAN 18 1942 (Date rec'd by registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 1-15-42

I hereby certify that I have personally examined the above-named deceased and that the information given above is correct and complete to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Be sure to state the correct age is especially important.

F 88208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 88208

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Brantley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Brantley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Agnes Garrett

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1878

8. AGE: Years	Months	Days	If less than one day
63	4	29	hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business

FATHER
12. Name Joseph Henderson
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Martha E. Snowden
15. Birthplace Westminster, Md.

16 (a) Informant Pressie P. Johnson(D).
(b) Address 1004 Brantley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Charles H. Woofter
(b) Address 514 N. Calhoun St.

19 (a) JAN 18 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14th 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Jan 14 1942
and that I last saw h[illegible] alive on Jan 14 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 1-16-42

VS 3

F 88209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 88209 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. If any of the above items are unknown, such fact must be stated. Give usual residence of deceased, even though death occurred elsewhere. Be sure that every question is answered. Write plainly the cause of death, so that it can be clearly understood. Give the full name and address of informant. Do not fail to sign certificate. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
(d) Street No. Main St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN CULP S S 218-18-1842

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	218-18-1842	M	W	married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 13. 1920

8. AGE: Years	Months	Days	If less than one day
21	4	4	hrs. min.

9. Birthplace Morgan Co W Va (Town, county, and state)
10. Usual Occupation Paper hitter's helper
11. Industry or business Wld. Dry Goods

FATHER
12. Name Harry Culp
13. Birthplace Morgan Co W Va

MOTHER
14. Maiden Name Rosalie Jewell
15. Birthplace Balto. Md Washington Co. Md.

16 (a) Informant Mrs. B. G. Yaunker
(b) Address Hancock Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Stonebridge
Location Hancock Md.

18 (a) Funeral director Snyder-Rowland
(b) Address Hancock Md

19 (a) (Date received by Local Registrar) JAN 18 1942 (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942, at 3 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Burns, 2nd & 3rd degree, trunk and extremities	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 2/16
(b) Date of occurrence Jan 2 1942 at M
(c) Where did injury occur? Maryland Maryland Garrfield. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Stumbled and fell in steam
23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-18-42

Condenser Vat

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88210 — CERTIFICATE OF DEATH — 33-a — F 88210

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N. Carrollton Ave St., 16 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lavinia Stanley

If U. S. Veteran specify WAR ✓

(a) Residence: No. 1104 N. Carrollton Ave St., ___ Ward. No. L.O. Eng. ✓
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Lucinda Stanley

6. DATE OF BIRTH (month, day, year): Dec 15 1885

7. AGE: Years 56 | Months 10 | Days 3 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER
13. NAME: Washington Stanley
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Louisa Eaves
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lucinda Stanley
(Address) 1104 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Jan 19 1942

19. UNDERTAKER: Thos. F. Chase Son
(Address) 63 E. N. Fulmer

20. FILED ___ 19___ ___
JAN 18 1942 Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15 — 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1941 to Jan 15 1942
that I saw h[illegible] alive on Jan 15 1942. Death is said to have occurred on the date stated above, at 3:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Other contributory causes of importance: La Grippe	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___
Where did injury occur? ___
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, state fully ___

(Signed) Wm. J. Galeucia M. D.
(Address) 1039 McCulloh

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Expect statement OCCUPATION is very important. See instructions on back of certificate.

F 88211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-F F 88211 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that every item is correct and complete. Do not abbreviate. Write out the full name of street and number, or other exact location, of residence. Do not report dates of birth subsequent to date of death. Make certain that the age is correct and is entered in the proper space. Do not enter "unknown" if there is any way to obtain the information required. Do not leave any space blank if the answer is known. Do not fail to report full time for any item. Do not enter a residence address for a person who has been in a hospital or institution for a long time. Be sure that the cause of death is correctly and fully reported. Be sure that the statement regarding operations and autopsy is complete and correct. Be sure that you sign and date the certificate in ink. Please answer questions in full. Underline the cause to which death should be charged statistically. Sign your name as you would sign a check. Use black ink. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address
(c) Hospital or institution: Sinai Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 William St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Henry Weissner

3 (b) If veteran, name war
3 (c) Social Security Account No. 705-10-6468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace Phoebus
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 3/12/1906.

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	10	4		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Car Repair Man
11. Industry or business Pressman Md R.R.

FATHER
12. Name Louis Weissner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise Keil
15. Birthplace Baltimore

16 (a) Informant Mrs. Grace Weissner
(b) Address 1240 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Mount Ridge
Location Druid Hill Ave.

18 (a) Funeral director J. Robert Lyons
(b) Address 818 Light St.

19 (a) (Date received by Local Registrar) (b) Registrar

JAN 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942, at 12:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to 1/16 19 42 and that I last saw h[illegible] alive on 1/13 19 42

Immediate cause of death Myocardial failure
Duration 2 hrs 1/16/42

Due to Syphilitic Cardio vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M. D.
Address 102 E. Fort Ave. Date signed 1/17/42

88212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 88212
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made of information about to be correctly supplied, correct age is especially important. Physicians; please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 W 36th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 1407 W 36th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Hannon.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Charles A. Hannon

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 2 1868

8. AGE: Years	Months	Days	If less than one day
73	11	14	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Henry Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Edelen.
15. Birthplace Md.

16 (a) Informant Henry W. Hannon
(b) Address R.F.D. 7 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19/42 (Death) (Day) (Year)
(c) Cemetery or crematory Good Shepherd
Location Howard Co. Md.

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eastern Ave.

19 JAN 18 1942 (Date rec'd by registrar) Huntington Hills Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16, 1942, at 11 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Jan 16 1942, and that I last saw h er alive on Jan 1 1942

Immediate cause of death Carcinoma Stomach with Generalized Metastasis — Duration C.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence J. Shumaker M. D.
Address 3711 Falls Rd Date signed 1-17-42

VS 3

F 88213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 88213

Registered No. 1118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 Huntington Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LeRoy Howard Leander Babylon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED.

6 (b) Name of husband or wife Rebekah M. Babylon
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug. [illegible] 1894.

8. AGE: Years	Months	Days	If less than one day
60 62	5	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Stockholder Dairy Farm
11. Industry or business Fairfield Woods Md. Dairy Co.

FATHER
12. Name Michael Leander Babylon
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Fleagle
15. Birthplace Maryland

16 (a) Informant Rebekah M. Babylon
(b) Address 2934 Huntington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/42 (month) (day) (year)
(c) Cemetery or crematory Moorland Park
Location Taylor Ave.

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615-17 Chestnut Ave.

19. JAN 18 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1942, at 1[illegible] A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1942 to Jan. 17, 1942 and that I last saw h[illegible] alive on Jan. 17, 1942.

Immediate cause of death: Cerebro-Spinal Meningitis (Pneumococcus, Type 19)
Duration: 36 hours.
Due to: Mastoiditis
Duration: 72 hrs.
Due to: Otitis Media (Lt.)
Duration: 94 hrs.
Other Conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. J. Branagan M. D.
Address Woodbine Md. Date signed 1/19/42

VS 2

F 88214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Items 1 to 23 inclusive must be answered. Information regarding deceased person should be entered by person best qualified to supply it. Physicians: please write the causes of death clearly and legibly. Special attention is called to the importance of correct statement of age. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Appleby Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widow.

6 (b) Name of husband or wife Blanche O. Sewell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-81

8. AGE: Years	Months	Days	If less than one day
60	-	22	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name Nathan Sewell
13. Birthplace Md

MOTHER 14. Maiden Name Susan Rosland
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ehrmann & Sonneborn
(b) Address 3615-17 Eastern Ave

19 (a) JAN 18 1942 (b) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 17 1942 at 11.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 13 1942 to JAN 17 1942 and that I last saw him alive on JAN 17 1942

Immediate cause of death Coronary Heart Disease — Coronary Occlusion — Duration

Due to

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M.D.
Address J.H.H. Date signed 1-18

VS 3

F 88215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 88215 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-19 7-8
(e) Length of stay in Baltimore (yrs., mos., or days) 5-19

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Carrolltown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lambert Scanlon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1877

8. AGE: Years 64 | Months 6 5 | Days 19 | If less than one day: hr. min.

9. Birthplace Carrolltown, Penna
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas Scanlon
13. Birthplace —

MOTHER
14. Maiden Name Hallburger Binder
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address —

17 (a) Removal (b) Date thereof Jan 18-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Carrolltown Pa.

18 (a) Funeral director R. F. Glass
(b) Address 4907 York Road

JAN 18 1942 (b) Huntington Williamsport Md.
(Date received by Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 7:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1941, to Jan. 17 1942, and that I last saw him alive on Jan. 17 1942.

Immediate cause of death: Myocardial degeneration, Cerebral Hemorrhage — Duration: 3 days

Due to: Senile Depression — Duration: 3 days

Due to — Duration: 1 yr

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. F. Glass M. D.
Address 330 Tilbury St. Date signed

F 88216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 88216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2788 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2788 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora E. Burgess.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Babe Burgess.
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) January 20 1873

8. AGE: Years 68 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Martinsburg - W. Va. (Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business - At home

FATHER
12. Name Scott Von Meter.
13. Birthplace Martinsburg W. Va.

MOTHER
14. Maiden Name Mary Elsan Wolf.
15. Birthplace Martinsburg - W. Va.

16 (a) Informant Mrs. Maude Spurgeon
(b) Address 1127 N. Monroe St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 19 1942 (mo.) (day) (year)
(c) Cemetery or crematory Green Hill Cem. Location Martinsburg - W. Va.

18 (a) Funeral director Charles J. Schwab.
(b) Address 525 N. Monroe St.

19 JAN 19 1942 (b) (Local reg'd's reg'd registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17th 1942 at 1.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Jan 17 1942 and that I last saw her alive on Jan 16 1942.

Immediate cause of death: General carci nomatosis — Duration: 6 mo.
Due to: Carcinoma of stomach
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Cales
Address 47 N. Fulton Date signed 1/19/42

VS 3

88217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Bonaty Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Bonaty Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA HAYWARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 19 1942

18 (a) Funeral director Commissioner of Hea'
(b) Address for H. A. Moore

19 (a) JAN 19 1942 by Huntington Williams M.D.
(Date rec'd by registrar)

8980

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Diabetes mellitus — Duration: 4 yrs.
Due to
Due to
Other Conditions ho
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Z. Wollenweber M.D.
Medical Examiner.
Date signed 1-9-42

VS 6

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Mayer (Mayer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 19 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 19 1942 (Date signed by Registrar) Huntington Williams, M.D. Registrar

6981

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1942 at 11 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Medical Examiner M.D.
Date signed 1/7/42

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 88219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and number (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 19 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 19 1942 (Signature of Registrar) Huntington Williams, M.D. Registrar

6382

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1942 at 2:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Vanderhoff M.D. Medical Examiner.
Date signed 1/20/42

Please write plainly, with pen and ink. Any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88220

F 88220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Woodall St.
(If rural give location)
(e) Inside limits of foreign country? .....(Yes or No)
If yes, name country .....

3 (a) FULL NAME Mary Margaret Ryan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 20/39

8. AGE: Years	Months	Days	If less than one day
2	9	27	..... hr. ..... min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business .....

FATHER
12. Name James J. Ryan
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Anna E. Flynn
15. Birthplace Balto., Md

16 (a) Informant James J. Ryan
(b) Address 1404 Woodall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Jan 17 1942 and that I last saw her alive on Jan 17 1942.

Immediate cause of death	Duration
Toxemia	
Due to Peritonitis	1 day
Due to Ruptured Appendix	1 day
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Jan 17
Major findings of operation Ruptured Appendicitis Peritonitis
of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Harry Feldmeier M. D.
Address N. Paca St. Date signed 1-18-42

VS 8

F 88221 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

F 88221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town DAYTON (If outside city or town limits, write RURAL and give town)
(d) St. No. 2205 WAYNE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella L. MURRAY
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife John P. Murray
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) 7-26-82
8. AGE: Years 59 | Months 5 | Days 22 | If less than one day hr. min.
9. Birthplace KANSAS (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Philip Beckler
13. Birthplace Alsace Loraine
MOTHER 14. Maiden Name ANNA Koch
15. Birthplace GERMANY
16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 '42 (month) (day) (year)
(c) Cemetery or crematory Woodland Cemetery
Location Dayton, Ohio
18 (a) Funeral director John Outland Sons
(b) Address 900 Eutaw Place
19 (a) JAN 19 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-18 1942 at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1941 to JAN. 18 1942 and that I last saw her alive on JAN 18 1942.

Immediate cause of death: Lymphosarcoma, generalized — Duration: 9 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Biopsy Nov 25, 1941
Major findings of operation: Lymphosarcoma.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury W. HALSEY BARKER
23. Signature W. Halsey Barker
Address 1020 St. Paul St. Date signed 1/18/42

VS 3

F 88222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88222

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5610 Cross Country Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5610 Cross Country Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY WITTIG HAMMEN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George H. Hammen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 14 1853

8. AGE: Years: 88 | Months: 9 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business

FATHER
12. Name: Frederick Wittig
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary W. Stierhoff
15. Birthplace: Germany

16 (a) Informant: Olivia M. Hammen
(b) Address: 5610 Cross Country Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jany 19 1942 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Franklintown, Balto. Co. Md.

18 (a) Funeral director: John O. Mitchell & Sons
(b) Address: 1200 Eutaw Place

19 (a) JAN 19 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 16 1942 19 , at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Jan 16 1942 and that I last saw h[illegible] alive on Jan 16 19 42

Immediate cause of death: Bronchopneumonia — Duration: 7 days
Due to:
Due to:
Other Conditions: General arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Thos. E. Miles M.D.
Address: S. W. Biddle St. Date signed: Jan 18 1942

F 88223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55-E

F 88223
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Park Ave. (Winona)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H. MAHOOL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lillian Blatter Mahool
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April - 10- 67

8. AGE: Years: 74 | Months: 9 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Retired Fruit Broker

11. Industry or business

FATHER
12. Name: James Mahool
13. Birthplace: Md.

MOTHER
14. Maiden Name: Fanny Hammond
15. Birthplace: Md.

16 (a) Informant: John B. Mahool
(b) Address: 713 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany21.42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: John Quitsell Towles
(b) Address: 1900 Eutaw Place

19 (a) JAN 19 1942 (b) Registrar: Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 18.1942 19 , at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to Jan 18 1942 and that I last saw h[illegible] alive on Jan 18 1942

Immediate cause of death: Metastatic sarcoma of brain
Due to: Sarcoma of eye
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration: 2 mo
Removed 6/12/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Howard S. Smith, M.D.
Address: 2435 Maryland Ave. Date signed: 1/19/42

F 88224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-D

Registered No. F 88224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Nottingham (If outside city or town limits, write RURAL and give town)
(d) Street No. Between Calvert Rd. & Lombert (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Yale
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced M
6 (b) Name of husband or wife James Vincent Yale
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 31, 1896
8. AGE: Years 45 Months 4 Days 18 If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business Home
FATHER 12. Name William Jones
FATHER 13. Birthplace North Carolina
MOTHER 14. Maiden Name Tula Kennedy
MOTHER 15. Birthplace North Carolina
16 (a) Informant James Yale
(b) Address Nottingham, Pa.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1942 (month) (day) (year)
(c) Cemetery or crematory Rosedown
Location Calvert, Md.
18 (a) Funeral director Ralph McReed
(b) Address Rising Sun, Md.
19 JAN 19 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-42 19 , at 9:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-42 19 , to 1-18-42 19 , and that I last saw h[illegible] alive on 1-17-42 19
Immediate cause of death Cardio-respiratory failure, secondary to Pneumonia
Duration 8½ ms.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. A. Clifford M. D.
Address Union Mem. Hosp. Date signed 1/18/42

VS 3

F 88225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88225 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23 1

3 (a) FULL NAME Anna Hamlen — Anna Margaret Hamlen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Henry Hamlen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1886

8. AGE: Years	Months	Days	If less than one day
55	5	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Vogel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna B. Hansel
15. Birthplace Germany

16 (a) Informant Mr. James Hamlen
(b) Address 930 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 (a) JAN 19 1942 (Date received by registrar) Huntington Williams Jr
(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 2 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1942 to Jan. 17 1942 and that I last saw her alive on Jan. 17 1942.

Immediate cause of death: Coronary occlusion — Duration: 8 days
Due to: General arterio-sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stitz M. D.
Address South Balto. Hosp. Date signed 1/17/42

F 88226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/22-B F 88226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Hamilton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Hamilton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 F

3 (a) FULL NAME Mary Anna Rattberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	M

6 (b) Name of husband or wife Charles C Rattberg

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) MAR 18-1879

8. AGE: Years	Months	Days	If less than one day
62	7	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Charles Louis Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hinners
15. Birthplace Baltimore, Md.

16 (a) Informant Charles C. Rattberg
(b) Address 4007 Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address [illegible]

JAN 19 1942 (Date received by Reg.) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16th 1942 at 12.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 16th 1942. and that I last saw her alive on Jan 15 1942.

Immediate cause of death: Intestinal obstruction — Duration: 6 days.
Due to:
Due to:
Other Conditions: Rheumatoid arthritis — 14 1/2 yr
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M.D. M. D.
Address 5718 Bel Air Rd Date signed 1-16-42

F 88227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-A Registered No.

F 88227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3801 Boarman ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Boarman (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice S Blum

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-3213

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose Nee Berger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1895

8. AGE: Years	Months	Days	If less than one day
43	4	6	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Foreman

FATHER
12. Name Benjamin Blum
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Morovitz
15. Birthplace Russia

16 (a) Informant Rose Blum
(b) Address 3801 Boarman ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19/42 (Month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd.

18 (a) Funeral director Sol Levenson Bur
(b) Address 1124-26 W Nath ave

19 (a) JAN 19 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 6:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1941 to 1-18 1942 and that I last saw h live on 1-18 1942.

Immediate cause of death Cerebral hemorrhage — Duration 48 hrs
Due to arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton B Krush
Address 2904 Ernst. Rd Date signed 1/18/42

F 88228 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88228

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 285 S. Regester St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 285 S. Regester St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Carrie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Unmarried

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 / 94

8. AGE: Years 48 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name George Stanley

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Lucinda Keen

(b) Address 285 S. Regester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brantley Ave

19 (a) JAN 19 1942 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1942, at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 16 1942 and that I last saw alive on Jan 15 1942

Immediate cause of death: Clots Pulmonary Heart — Duration: Suddenly

Due to Bronchopneumonia — 1 wk

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Mamie Adams M. D.

Address 312 E 23rd St Date signed 1-19-42

VS 3

F 88229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-c

F 88229 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 May St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 May St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Perry.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4 Sex Female 5. Color or race Colored 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1857

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Hobgood N. C. (Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Jack Sherrod.
13. Birthplace N. C.

MOTHER 14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Minnie Crowell
(b) Address 1124 May St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location:

18 (a) Funeral director Ebon Wilson
(b) Address 1000 Brant Ave

19 (a) JAN 19 (Date received by Registrar) (b) 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1942 at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1942 to 1-14 1942 and that I last saw h alive on 1-14 1942

Immediate cause of death Acute Cerebral Hemorrhage

Due to (Duration 12 hrs.)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo C Jellenz M.D.
Address 124 Gilmor St Date signed 1-19-42

VS 3

F 88230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88230

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 S Carolina st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S Carolina st
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Burris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widow

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Salsbury Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Maime Allen
(b) Address 422 S. Carolina st

17 (a) Burial (b) Date thereof 1/19/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastern Ave

19 (a) JAN 19 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 19 42 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1942 to Jan 14, 1942 and that I last saw him alive on Jan 13, 1942

Immediate cause of death

Myocardial Infarction — Duration 7

Due to — Duration over

Due to

Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maggie Adams M. D.
Address 312 E 23rd. Date signed 1-18-42

VS 1

F 88231

F 88231 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No.

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Mae Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	A A	Married

6 (b) Name of husband or wife John R. Wise

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 4 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	4	7		

9. Birthplace Criss field Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Washington Miles
13. Birthplace Criss field Md

MOTHER
14. Maiden Name Annie Ward
15. Birthplace Criss field Md

16 (a) Informant Edd Wise
(b) Address 525 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)

(c) Cemetery or crematory
Location Crisfield, Md

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eutaw Place

19 (a) JAN 19 1942 (Signature of local registrar) Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to Jan 16 1942 and that I last saw h alive on Jan 16 1942

Immediate cause of death
Acute Pulmonary Edema
Due to Malignant Hypertension
Due to Carcinoma Cervix
Other Conditions Cachexia
(Include pregnancy within 3 months of death)

Duration
3 days
4 mo
6 mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 1422 Chase Date signed 1/16/42 M. D.

F 88232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

F 88232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 Annapolis Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Annapolis Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Alfred Garvin

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 213-01-0311

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Melissa Garvin
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Dec 31-1911

8. AGE: Years	Months	Days	If less than one day
31		16	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles L. Garvan
13. Birthplace New York City

MOTHER
14. Maiden Name Ethel Moore
15. Birthplace New York City

16 (a) Informant Edgar H. Bealefeld
(b) Address 1523 S. Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Baltimore Highway Balto Co Md

18 (a) Funeral director Chas. E. Franck
(b) Address 502 Madison Ave

19 (Date rec'd by registrar) JAN 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1942 at 9 35 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions Mental Irresponsibility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-17-42 at about 7 A.M
(c) Where did injury occur? 1911 Annapolis Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No (Specify type of place)
(e) Means of injury Inhalation Illuminating Gas
23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-17-42

VS 6

Ref 7402

F 88233 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 or Registered No. F 88233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT ~~WALLACE~~ Wallis.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1612

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1878

8. AGE: Years 63 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Hotel Clerk

11. Industry or business

FATHER 12. Name Robt V. Wallis

13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary H Ferguson

15. Birthplace Baltimore

16 (a) Informant Harry E Wallis

(b) Address 1112 Eutaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2008 Arlington

19 (a) JAN 19 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-19-42

VS 6

F 88234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-D

F 88234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution:
The Florence Lighting Fale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Light St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer E Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1861

8. AGE: Years	Months	Days	If less than one day
80	7	3	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Thomas Alex Smith
13. Birthplace Md

MOTHER
14. Maiden Name Mary
15. Birthplace Md

16 (a) Informant Emma Smith
(b) Address 1207 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St Huntington Williams, M.D.

19 (a) JAN 19 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 16 1942, and that I last saw alive on Jan 16 1942.

Immediate cause of death	Duration
Chronic nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Fetterman
Address 2324 Reisterstown Rd Date signed 1/19/42

VS 3

F 88235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-9

F 88235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loudenslo Greene
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rear Emory Sheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-9069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Widowed

6 (b) Name of husband or wife Peggie Sheeler
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) — — 1878

8. AGE: Years	Months	Days	If less than one day
71 70	—	—	hr. min.

9. Birthplace Pasadena, Anne Arundel Co. Md.
(Town, county, and state)
10. Usual Occupation Minister (Methodist)
11. Industry or business Methodist Minister

FATHER
12. Name John Sheeler
13. Birthplace N.Y.

MOTHER
14. Maiden Name Rachael Puckett
15. Birthplace Pasadena, Md.

16 (a) Informant Lola C. Wade
(b) Address Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Londonderry Park
Location 3901 Hadwood Ave.

18 (a) Funeral director William M. Mareck
(b) Address 716 Light St.

19 JAN 19 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942 to Jan 17 1942, and that I last saw him alive on Jan. 14 1942.

Immediate cause of death	Duration
Cerebrovascular accident	12 hrs.
Due to Hypertension	
Due to	
Other Conditions Carcinoma of sigmoid, Intestinal obstruction, Coronary thrombosis	12 months

Date of operation 1-15-42
Major findings of operation: Intestinal obstruction due to Carcinoma of sigmoid
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. K. Palmer M. D.
Address University Hospital Date signed 1-17-42

F 88236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1940 Warden Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Allen

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0127

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Flora N. Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1881

8. AGE: Years	Months	Days	If less than one day
61		14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Title Bldg.

FATHER
12. Name William Allen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Evatt
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Thos. R. Johnson
(b) Address 4008 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Woodlawn

18 (a) Funeral director Harry St. Luthe
(b) Address 4101 Edmondson Ave

19 (a) JAN 19 1942 (Date received by registrar) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to Jan 16 1942 and that I last saw him alive on Jan. 16 1942

Immediate cause of death Lobar Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas C. Wilder, M. D.
Address Univ. Hospital Date signed 1/16/42

F 88237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3510 Fleetwood St.

(c) Hospital or institution: Ashburton Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Balto. Co. MERRIDALE (If outside city or town limits write RURAL and give name)

(d) Street No. 608 North Bend Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary L. Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife Carl Zacharias Jacobs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1853

8. AGE: Years	Months	Days	If less than one day
88	9	15	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Julius Sass

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Wilk

15. Birthplace Germany

16 (a) Informant Mrs. Frank

(b) Address 608 North Bend Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 42 (month) (day) (year)

(c) Cemetery or crematory Westerly

Location Edmondson Ave. Longview

18 (a) Funeral director Harry H. Smith

(b) Address 4101 Edmondson Ave

19 (a) Filed JAN 19 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1942, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27 1941 to 1/17 1942 and that I last saw her alive on 1/17 1942

Immediate cause of death: Acute Cardiac Failure — Duration 1 hr

Due to: Generalized Arteriosclerosis — Duration 10 yrs

Due to: Senility — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph T. Laurenti M. D.

Address 608 N. Bend Rd Date signed 1/19/42

VS 3

F 88238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 a Registered No. F 88238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mitford & Calvert St
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 483 West Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephy Robertson (Baby boy) (Birth F43056)

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/16/42

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Kenneth Charles Robertson
13. Birthplace

MOTHER
14. Maiden Name Catherine Eliza Atkinson
15. Birthplace Balto. Maryland

16 (a) Informant Kenneth Robertson
(b) Address 1851 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Baltimore Md

18 (a) Funeral director Wilhelm Co
(b) Address 1219 E Pratt St

19 (a) (Date received by Registrar) JAN 19 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1942 to 1/18 1942
and that I last saw him alive on 1/17 1942

Immediate cause of death: Respiratory failure — Duration

Due to: Subarachnoid Hemorrhage 2 days

Due to:

Other Conditions: Prematurity one day
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Huntington Williams M.D.
Address Mercy Hosp Date signed 1/19/42

F 88239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88239 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 E. Lorraine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs 10 mo 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 E. Lorraine Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Grace Ivory Pohler

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband ~~or wife~~ George E. Pohler Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	10	1		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Harry L. Bonthron
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Campbell
15. Birthplace Scotland

16 (a) Informant George E. Pohler
(b) Address 413 E. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wilkerson & Work
(b) Address 1217 St Paul St.

19 (a) JAN 19 1942 (Date filed) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1942 at 4:P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1942 to Jan. 18 1942 and that I last saw h alive on 19

Immediate cause of death Cardio Vascular Renal (Hodgkin's Disease)

	Duration
Due to	Unknown
Due to	
Other Conditions Hypertension over 4 years.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry O'Hara M. D.
Address 2504 Druid Park Dr. Date signed Jan. 19/42

VS 3

F 88240

BALTIMORE CITY HEALTH DEPARTMENT

RC(70962)

CERTIFICATE OF DEATH

186-a

F 88240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 E. Federal Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Cambell(Campbell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1859

8. AGE: Years 82 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace ~~Ireland~~ England (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ? Cooper Fischer
13. Birthplace Ireland

MOTHER
14. Maiden Name ? ?
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Marshall E. Humphreys
(b) Address 1521 Broadway

19 (a) JAN 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-42 at 6¼ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1942 to 1-16 1942 and that I last saw h[illegible] alive on 1-16 1942

Immediate cause of death Bronchopneumonia — Duration 3 days?

Due to fracture neck of left femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Acc.
(b) Date of occurrence 1/5/42 at M
(c) Where did injury occur? 1704 E. FEDERAL ST. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME (Specify type of place) While at work?
(e) Means of injury Fell down stairs

23. Signature H. H. Taylor M. D.
Address BCH
Date signed 1-11-42 (Coroner)

F 88241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 88241

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 Vine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rachel L. Crawford

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife James Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1880

8. AGE: Years	Months	Days	If less than one day
61	10	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Parkin Thomas
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Susan Lorraine
15. Birthplace Md

16 (a) Informant Jessie Crawford
(b) Address 1821 Vine St.

17 (a) Burial (b) Date thereof Jan 20, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md

18 (a) Funeral director Mrs Katie R. Williamson
(b) Address 322 N Schroeder St

19 (a) JAN 19 1942 (b) Huntington Maryland

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/1942, at 5.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/1942 to 1/17/1942 and that I last saw h[illegible] alive on 1/16/1942

Immediate cause of death
Diabetes — Duration 5 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 450 W. Biddle St. Date signed 1/19/42

F 88242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 88242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) " "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and name town)
(d) Street No. 7838 Elliott Pl. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Mroziński (Birth F 42552)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/8/42

8. AGE: Years | Months | Days 9 days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Mr. Chester Mroziński

13. Birthplace

MOTHER 14. Maiden Name Martha Sipiack

15. Birthplace Balto Md.

16 (a) Informant Chester Mroziński

(b) Address 2738 Elliott Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 19 42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore County

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester St

19 (a) (b)

Registrar

JAN 19 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942 at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8 1942 to 1/17 1942 and that I last saw her alive on 1/17 1942

Immediate cause of death	Duration
a Respiratory failure	6 hours
Due to Aspiration Pneumonia	
Due to Aspiratory Protocol	
Other conditions Premature birth (Whether pregnancy within 3 months of death)	
Date of operation	PHYSICIAN
Major findings of operation	Underline the cause to which death should be charged statistically.
of autopsy None done	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. B. Bird

Address Mercy Hospital Date signed 1/19/42

F 88243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88243 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 N. 42nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 N. 42nd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Archa Lee Long

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James A. Long Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7. 1880

8. AGE: Years 61 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Port Republic Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Dice Robey
13. Birthplace Virginia

MOTHER
14. Maiden Name Nora Virginia Lee
15. Birthplace Virginia

16 (a) Informant James A. Long Sr.
(b) Address 1325 N. 42nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20. 1942 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 JAN 10 1942 Registrar

Huntingtown Hollywood, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1942 at 8:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to January 16 1942, and that I last saw h[illegible] alive on Jan 16 1942

Immediate cause of death Uremia

Duration

Due to Uremic interstitial nephritis & hypertension — 6 yrs

Due to

Other Conditions Diabetes mellitus — 8 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel D. Gaston M. D.

Address 2426 Eastern Ave Date signed Jan 18 42

F 88244

Lenalie Warner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88244

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Colored 1733 E 31st St

(c) Hospital or institution:

Union Mem.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street 1715 E 33rd St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Hudson C. Warner (Lenalie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Mr. Dallas C. Warner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1899

8. AGE: Years	Months	Days	If less than one day
42	8	18 17	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Alfred Gentry

13. Birthplace Md

MOTHER

14. Maiden Name Rose Iredell

15. Birthplace Md.

16 (a) Informant Husband

(b) Address 1715 E 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location

18 (a) Funeral director Chas. H. Eppel & Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 (a) Date received by registrar JAN 19 1942 (b) Registrar Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1942, at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-18 1942, and that I last saw her alive on 1-18 1942.

Immediate cause of death cardiac collapse

Due to pneumonia (lobar)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Cirrhosis of liver, chronic parenchymatous nephritis

Duration
8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Babbitt, Jr. M. D.

Address Union Memorial Hosp. Date signed 1-18-42

F 88245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88245

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1506 Patapsco St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street 1506 Patapsco St

(If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Feuerstein

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-05-0030

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1879

8. AGE: Years 62 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and State)

10. Usual Occupation Clerk

11. Industry or business G. F. & P. Bakery

FATHER 12. Name John Feuerstein

13. Birthplace Bulgaria Ger.

MOTHER 14. Maiden Name Johanna Kendricks

15. Birthplace Ger.

16 (a) Informant Mrs. Edna M. Jeffries

(b) Address 1506 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1942 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Ga. Ave.

18 (a) Funeral director Jos. Kemper Evans

(b) Address 1405-7 N. Charles St

19 (a) JAN 19 1942 (Date filed by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/1942 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to 1/18/1942, and that I last saw him alive on 1/17 1942.

Immediate cause of death

Due to Heart failure

due to Cardiovascular

Due to Hypotension

Contributory causes

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Robinson M. D.

Address 203 Patapsco Date signed

VS 3

F 88246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7929 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lifetime 37 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 7929 Woodland Ave
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George John Lesner Sr.

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Julia Lesner
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec 23 1866

8. AGE: Years 75 | Months 10 | Days 25 | If less than one day: hr. min. 4

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Retired - Real Estate
11. Industry or business Retired

FATHER
12. Name John George Lesner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Heckmann
15. Birthplace Germany

16 (a) Informant Mrs. Elsie Lesner
(b) Address 3440 Gardenia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Leland St Baltimore Md

18 (a) Funeral director J. H. Amoroso
(b) Address 1000 N. Baltimore St

19 (a) JAN 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942, at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-17 1942 and that I last saw him alive on 1-16 1942

Immediate cause of death: Coronary occlusion — Duration: 5 days
Due to: General arteriosclerosis — yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B. Akehurst M.D.
Address 1412 Park Ave Date signed 1-19-42

VS 5

F 88247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B F 88247
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N. Wolf St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William MacClymont

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carrie Doxie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 4, ~~1877~~ 1884

8. AGE: Years	Months	Days	If less than one day
57 ~~77~~	10	12	hr. min.

9. Birthplace Brookling N.Y. (Town, county, and state)
10. Usual Occupation Machinest
11. Industry or business

FATHER
12. Name not known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Arthur MacClymont
(b) Address 1639 N. Wolf St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemt
Location 2 north ave

18 (a) Funeral director Helena F. Hoffman
(b) Address 1639 N Broadway

19 (a) (Signature of registrar) Huntington Williams, M.D.
JAN 19 19~~42~~

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - ~~26~~ 16 1942, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1941, to Jan - 16 1942 and that I last saw h[illegible] alive on Jan - 16 1942.

Immediate cause of death Carcinoma of Stomach — (Duration)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Burke Boyle M. D.
Address 5217 Harford Rd. Date signed 1/19/42

88248 E 88248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Madison Ave, St., 11-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Robert C. Smith

(a) Residence: No. 905 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year): Feb. 5-1872

7. AGE: Years 69 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: J. Lunch Room
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mason. Ga

FATHER
13. NAME: Unk
14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Sarah South
(Address) 905 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 20 1942

19. UNDERTAKER: James A. Hayes
(Address) 1422 Druid Hill Ave

20. Filed JAN 19 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 17, 1942

22. I HEREBY CERTIFY, that I attended deceased from Jan. 11 1942 to Jan. 16 1942
I last saw h[illegible] alive on Jan. 16 1942 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Other contributory causes of importance: myocarditis and arterio sclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. R. Campbell, M. D.
(Address) 718 Dolphin St.

F 88249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-0 Registered No. F 88249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Mannington (If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 3. Salt Lick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David B Gould

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-41

8. AGE: Years	Months	Days	If less than one day
	10	16	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David Gould
13. Birthplace W Va.

MOTHER
14. Maiden Name Gorda Lewelin
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Manning
Location West Va

18 (a) Funeral director Robert Brooks & Son
(b) Address [illegible] Hollins St

19 JAN 19 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1941 to Jan 18 1942 and that I last saw h[illegible] alive on Jan 18 1942

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to 1. Double Luminffagia — 8 MO

Other Conditions 2. Bilateral subdural — 10 MO
Jaundice
(Include pregnancy within 3 months of death)

Date of operation Craniotomy 2
Major findings of operation: 1. 18. 42
Subdural hematoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Date signed 1/18/42

VS 3

F 88250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

Registered No. F 88250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 N. Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 N. Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen M. Bandell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Leonard J. Bandell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23rd 1874

8. AGE: Years 69 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Emil Mann
13. Birthplace Germany

MOTHER
14. Maiden Name Cecilia Kitterman
15. Birthplace Germany

16 (a) Informant Leonard J. Bandell
(b) Address 1745 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave

19 (a) JAN 19 1942 (Registrar's signature) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17th 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 17 1942, and that I last saw her alive on Jan 17 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Arteriosclerosis — 10 yrs

Due to High Blood pressure — 6 yrs

Other Conditions Senility — 1 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Geo. A. Zimmerman M. D.
Address 2458 Harford Date signed 1/20/42

38251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88251

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1137 Washington Blvd 83-a
Length of residence in city or town where death occurred ___ yrs. ___ mos. 21 da. Born in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME James Birmingham
If U. S. Veteran specify WAR _____

(a) Residence: No. 1137 Washington Blvd St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C.
6. DATE OF BIRTH (month, day, year): July 3 - 1868
7. AGE: Years 73 | Months 6 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B+O
10. Date deceased last worked at this occupation (month and year): _____
11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: [illegible] C. Birmingham
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Sabrie Hamilton
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. Margaret Foley
(Address) 1137 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1/20 19 42

19. UNDERTAKER: Bernard A Finke
(Address) 1100 N Broadway

20. FILED JAN 19 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/16/42

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 19 41 to Jany 16 19 42
I last saw h[illegible] alive on Jany 16 19 42 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/42
Other significant causes of importance:	
Paralysis	
Arteriosclerosis	Months

Was an operation performed? _____ Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19___
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If _____

(Signed) Howard Doane M. D.
(Address) 1137 Washington Blvd

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

88252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 88252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Bosak

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Bosak

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 1, 1882

8. AGE: Years: 59 | Months: 6 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business

FATHER
12. Name: John Bosak
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Barbara Mlady
15. Birthplace: Bohemia

16 (a) Informant: Helen Bosak
(b) Address: 1018 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-22-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: Frank Brachadon
(b) Address: 906 N. Chester St

19 (a) JAN 19 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 19 1942 at 320 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm H Landecraft M.D. Medical Examiner.
Date signed 1/19/42

VS 6

88253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 88253 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 S Payson st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S Payson st (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Stengel

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Casper E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 22 186[illegible]

8. AGE: Years	Months	Days	If less than one day
77	9	24	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name	Bernard E Fortman
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Bernardine Krug
MOTHER — 15. Birthplace	Germany

16 (a) Informant Mrs Stengel
(b) Address 210 S Payson st

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balt Md

18 (a) Funeral director Geo E Talley
(b) Address 1411 W Fayette st

19 (a) Filed JUN 19 1942 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1941 to June 16 1942, and that I last saw h[illegible] alive on June 16 1942.

Immediate cause of death: Myocarditis

Due to Arteriosclerosis

Due to Infarction

Other Conditions Ulcer of abdomen probably malignancy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
1 hr
8 wk
own

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Raymond Kalen
Address 2037 Druid Pk Date signed 7/9/42

88254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No. F 88254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 W Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 W Franklin (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas E Pons

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-9134

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ellen Pons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1901

8. AGE: Years 40 | Months 9 10 | Days 16 15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and State)

10. Usual Occupation Pipe Fitter

11. Industry or business

FATHER 12. Name John F Pons

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Margaret Silk

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs Ellen Pons

(b) Address 1805 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Joyce & Staley

(b) Address Fulton Ave & Fayette

19 (a) (Date received) JAN 19 1942 Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1942 at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 41 to Jan 19 42 and that I last saw him alive on Jan 16, 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Milton Stacmil M. D.
Address 1424 W. Fayette Date signed 1-19-42

F 88255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

F 88255 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. Pine St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laurence Bolden

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Alice Bolden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Alexandria Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Chas Smith
(b) Address 744 N. Gilmor St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

JAN 20 1942

Vs 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14/42 19 , to 1/14/42, and that I last saw him alive on 1/14/42.

Immediate cause of death Cerebral Hemorrhage

Due to Acute Dilatation of Heart

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Duration: 1 hr

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Riley M. D.
Address 624 Monument Date signed 1/19/42

F 88256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1266 Glyndon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1266 Glyndon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VERA Lubin HOJAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1869

8. AGE: Years 52 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Alexander Lubin

13. Birthplace Russia

MOTHER 14. Maiden Name Elizabeth Zukauska

15. Birthplace Russia

16 (a) Informant Helen Hojak

(b) Address 1226 Glyndon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Windsor Mill Md

18 (a) Funeral director Williams Co

(b) Address 1219 Park Ave

JAN 20 1942 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17. 1942, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular

Due to disease

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Asst. Medical Examiner.

Date signed 1-18-42

F 88257

DeHaven

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Berwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie De Haven

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Constance
13. Birthplace Maryland

MOTHER
14. Maiden Name Adelaide Sherwood
15. Birthplace Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1219 E. Fayette St

19 JAN 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942, at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Jan 18 1942 and that I last saw her alive on Jan 18 1942

Immediate cause of death
Cardiac failure — Duration 6 mo
Bronchopneumonia — 2 wks
Diabetes — 10 yrs
Due to Hypertensive heart disease — 10 yrs +
arteriosclerotic heart disease — 10 yrs +
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J.H.H. Date signed 1-19

VS 3

F 88258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9-f-a

F 88258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Marshall St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Marshall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Goetz

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George Goetz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 15 1877

8. AGE: Years 64 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant George Goetz
(b) Address 1716 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Dundalk Md

18 (a) Funeral director William Cook
(b) Address 1217 Lombard St

19 (a) JAN 20 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1942, at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to 1/18 1942, and that I last saw h[illegible] alive on Jan 1942.

Immediate cause of death: Coronary Thrombosis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. H. Jonker M.D.
Address 3 [illegible] Date signed 1/19/42

F 88259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a F 88259 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4227 Durham
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N Durham (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 24 - 1889

8. AGE: Years 52 | Months | Days 26 | If less than one day hr. min.

9. Birthplace Harford Co Md (State, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Cooper

13. Birthplace Md

MOTHER 14. Maiden Name Emily L. Hopkins

15. Birthplace Md

16 (a) Informant John Smith

(b) Address 422 N. Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem Co

Location Baltimore Md

18 (a) Funeral director Sam N. Chase Funeral Home

(b) Address 638 N. Gilmor St

19 JAN 20 1942 (Date received) Registrar

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 19 1942 and that I last saw h[illegible] alive on Jan 15 1942.

Immediate cause of death: Myocarditis — Duration 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Watson M.D.

Address 1911 Bruce St Date signed 1/19/42

F 88260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 88260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 E Oliver St-
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore-
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 E. Oliver St-
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Gilbert Conroy.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary E. Conroy
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) November 30 1888

8. AGE: Years	Months	Days	If less than one day
53	1	19	hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name John Conroy
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Massey
15. Birthplace Baltimore Md

16 (a) Informant Mary E. Conroy.
(b) Address 2308 E. Oliver St

17 (a) Burial (b) Date thereof 1 21 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.
18 (a) Funeral director John E. Miller
(b) Address 2305 E Oliver St.
19 (Signature of Registrar) JAN 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1942 at 10 20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1941 to June 18 1942, and that I last saw h[illegible] alive on June 18 1942

Immediate cause of death	Duration
Acute Dilatation of Heart	1 hour
Due to Carcinoma of Stomach and Liver	8 mo
Due to [illegible]	8 mo
Other Conditions Marasmus	3d

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos. F. A. Stevens
Address 2878 Harford Rd Date signed 1-1942 M. D.

VS 8

F 88261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

F 88261

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1215 W. Lexington st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Freeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-1883

8. AGE: Years 58 | Months 10 11 | Days 29 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER 12. Name Geo Armstrong

13. Birthplace Md

MOTHER 14. Maiden Name Sarah J Gross

15. Birthplace Md.

16 (a) Informant Maggie Young

(b) Address 1213 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Wm A. Jackson

(b) Address 916 Penna. Ave

19 (a) JAN 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1942 at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 16 1942 and that I last saw h[illegible] alive on Jan 16 1942

Immediate cause of death: Uremia — Duration 10 days

Due to Hypertension

Due to Carcinoma Cervix

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph W. Rackley

Address Provident Hosp. Date signed 1/20/42

VS 3

F 88262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 370 N Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 370 N Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George T. Byrd

3 (b) If veteran, name war Civil
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) — 1876

8. AGE: Years	Months	Days	If less than one day
66 65	—	—	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Lottie Munroe
(b) Address 567 W. Biddle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md.

18 (a) Funeral director Wm A. Jackson
(b) Address 916 Penda. Ave

19 (a) JAN 20 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942 at 11.45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. R. G. Holbrook M.D.
Medical Examiner.
Date signed 1/17/42

VS 6

F 88263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

F 88263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 N. 28th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ivey Burrell

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1-25-1869

8. AGE: Years	Months	Days	If less than one day
72	11	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Wm. Stokes
13. Birthplace Va.

MOTHER
14. Maiden Name Rosa ?
15. Birthplace Va.

16 (a) Informant Rev. M. Clark
(b) Address 182 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Laurel Md.

18 (a) Funeral director Wm A. Jackson
(b) Address 916 Pound Ave

19 (a) JAN 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1942, at 7:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy + Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Burns + 2nd Degree Burns	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-16-42 at 7:20 P M
(c) Where did injury occur? 321 N. 28th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Conflagration

23. Signature Howard J. Bluedorn M.D. Medical Examiner.
Date signed 1-17-42

VS 8

F 88264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

F 88264 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dr. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 W. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Allen

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Van Allen
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 9-5-1886

8. AGE: Years	Months	Days	If less than one day
55	4	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Squire Hatchett
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Stokes
15. Birthplace Va.

16 (a) Informant Van Allen
(b) Address 321 W. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Burto md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) JAN 20 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1942, at 9:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon, and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured skull — Duration
Due to: Fall — Organic brain
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-16-42 at 3 P M
(c) Where did injury occur? 321 W. 28th St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration, Jumped from 2nd floor

23. Signature Howard J. Moseley M.D. Medical Examiner.
Date signed 1-17-42

VS 6

F 88265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-42 Registered No.

F 88265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore, Rd. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 Jaffray Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Coulter (Birth F-4r534)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John R. Coulter
13. Birthplace Carney Md.

MOTHER
14. Maiden Name Katherine M. Carter
15. Birthplace Baynesville, Md.

16 (a) Informant Mrs. Katherine Coulter
(b) Address 1737 Jeffray Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Hassalm Funeral Home
(b) Address 9401 Belair Rd

19 (a) JAN 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1942 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1942 to 1-17 1942 and that I last saw h.e.r. alive on 1-17 1942

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations None done
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Sutton, M. D.
Address University Hospital Date signed 1-19-42

VS 3

F 88266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 193-7

F 88266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 S. Clinton St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 S Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank. Francizkowski

3 (b) If veteran, name war

3 (c) Social Security Account 212-05-4532

4. Sex Male W

5. Color or race

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 884

8. AGE: Years 58 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business

FATHER
12. Name Ignacy Franciszkowski
13. Birthplace Poland

MOTHER
14. Maiden Name not known
15. Birthplace

16 (a) Informant Eva Franciszkowski
(b) Address 1016 S Clinton St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary
Location Harmans Hill Md.

18 (a) Funeral director John Kuda
(b) Address 2829 Hudson St

JAN 20 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 18 1942 and that I last saw him alive on Jan 17 1942.

Immediate cause of death Asthenocardia
Hypertension C.V. Disease
Acute Coronary Thrombosis — Duration 1-17-42

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Schimunek M. D.
Address 842 S. Eaton Ave Date signed 1-18-42

H. H. Wallenweber, M.D. Asst. Medical Examiner

F 88267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia Donohoe

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1882

8. AGE: Years 59 | Months 0 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Patrick Farrell
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine O'Neill
15. Birthplace Ireland

16 (a) Informant Mrs. Julia Farrell
(b) Address 1004 Farrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 JAN 20 1942 (Date rec'd by registrar) (b) Huntington Williamsville M.D.

VS 2

Dr Sanders 115 Mellon Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18th 1942 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4th 1940. to Jan 18th 1942.
and that I last saw h[illegible] alive on Jan 5th 1942.

Immediate cause of death: Pulmonary Edema — Duration: 2 days
Due to Hypostatic pneumonia — a few
Due to arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation [illegible] 1941
Major findings of operation: Amputation of Right Leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Sanders M. D.
Address 1192 Mellon Ave Date signed 1/20/42

F 88268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 88268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 E. 36th St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 E. 36th Street (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Marie Snyder
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced M
6 (b) Name of husband or wife Mathew Snyder
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) March 9 1891
8. AGE: Years 50 Months 10 Days 10 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Frank Vogel
13. Birthplace Baltimore
MOTHER 14. Maiden Name Barbara Detzer
15. Birthplace Baltimore
16 (a) Informant Mathew Snyder
(b) Address 433 E. 36th St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Red. Location Belgian Road.
18 (a) Funeral director John. A. Hogan
(b) Address 3005 E Balto St
19 (a) JAN 20 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH 1/19/42 19 , at M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/11/42 19 to 1/19/42 19 , and that I last saw h[illegible] alive on 1/19/42 19
Immediate cause of death Carcinoma
Duration
Due to hypertension
Carcin. - Vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature J. J. Flavin
Address Mercy Hospital Date signed 1/19/42 M. D.

VS 3

F 88269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88269 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 N Patt. Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Mardis Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1926
8. AGE: Years 16 | Months | Days | If less than one day hr. min.
9. Birthplace Md (Town, county and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Richard Fuller
13. Birthplace Md

MOTHER
14. Maiden Name Marion Weaver
15. Birthplace Md

16 (a) Informant Mrs M. Fuller
(b) Address 1335 N Patt Park Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22nd 1942 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Mem Park
Location Parkton Md
18 (a) Funeral director Leo F. Brook
(b) Address 1701-03 N Patt Park Ave
19 (a) JAN 20 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942, at 11 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 19 1942 and that I last saw her alive on Jan. 19 1942

Immediate cause of death: Lobar Pneumonia — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Signed Jan 19 1942

VS 8

F 88270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 88270

Registered No.

PLEASE WRITE ... USING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3433 Elmley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3433 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estella Hoover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1866

8. AGE: Years 75 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Chaney

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah V. Jones

15. Birthplace Maryland

16 (a) Informant Mrs. L. Stone

(b) Address 2202 Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)

(c) Cemetery or crematory Balto. Cemetery

Location E. North Ave. Ext.

18 (a) Funeral director Lea T. Cook

(b) Address 1701-03 N. Patt. Park Ave.

19 (Date received by registrar) JAN 20 1942 Huntington Williamsburg M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 8:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Mitral Stenosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Vandersall M.D. (Medical Examiner)

Date signed 1/19/42

F 88271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 C

F 88271 Registered No.

PLEASE WRITE PLAINLY WITH PEN AND INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2500 Annapolis Blvd., Westport (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country:

25-W

3 (a) FULL NAME: HENRY BAKER

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 13, 1891
8. AGE: Years: 49 (50) Months: 9 (10) Days: 3 (6) If less than one day: hr. min.
9. Birthplace: Limerick, Ireland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: Willard Baker
13. Birthplace: Limerick, Ireland

MOTHER
14. Maiden Name: Katherine O'Connor
15. Birthplace: Limerick, Ireland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Natl. Cem. Location: Frederick Ave.
18 (a) Funeral director: John J. Conlan & Son
(b) Address: 901 Hollins St.
19 (a) JAN 20 1942 (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 19, 1942, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1942, to Jan. 19, 1942, and that I last saw him alive on Jan. 19, 1942.

Immediate cause of death	Duration
Myocardial degeneration	Unknown
Due to: Rheumatic heart disease	Unknown
Due to:	
Other Conditions: Ascites; bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: H. Wilder M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 1/19/42

F 88272

F 88272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. Ann Street
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 South Ann Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Jozefa Swakowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Jakob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1858

8. AGE: Years	Months	Days	If less than one day
83	7		hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bertha Swakowski (Daughter)
(b) Address 6736 Youngstown Ave

17 (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann St Huntington Williams, Md.

19 (a) JAN 20 1942 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19th 1942, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 19 1942 and that I last saw her alive on Jan 18 1942

Immediate cause of death
Cerebral apoplexy — Duration 3 days

Due to Cerebral arterio sclerosis & Chr. Hypertension — Duration 7 yrs

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jose J. Douglas M. D.
Address 7007 E. Pratt St Date signed 1/19/42

VS 3

F 88273

F 88273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83 - a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 Stinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 334 Stinson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine M. Lang

3 (b) If veteran, name war: ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife "
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	72	9	29	

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business "

FATHER
12. Name John E. Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A. Kissner
15. Birthplace Baltimore City

16 (a) Informant Matilda I. Breitenother
(b) Address 334 Stinson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore city
18 (a) Funeral director J. B. Kilpatrick & Son
(b) Address 1600 Eutaw Pl
19 (a) JAN 20 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 9:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to Jan 1942
and that I last saw deceased alive on 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Arteriosclerosis — 2
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 2687 Madison Ave Date signed Jan 19 42

VS 8 Dr. Glassman.—

F 88274 F 88274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4701 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4701 Frederick Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED S. KINSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20. 1881

8. AGE: Years	Months	Days	If less than one day
60	1	28	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Clerk Retired
11. Industry or business Standard Oil Co

FATHER
12. Name Joshia A. Kinsey
13. Birthplace Wales England

MOTHER
14. Maiden Name Emma Smyth
15. Birthplace Baltimore - Maryland

16 (a) Informant Nellie W. Kinsey
(b) Address 4701 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore City

18 (a) Funeral director F. B. Wiskert & Son
(b) Address 120 Eutaw Place

19 (a) JAN 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/42 19 , at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1942 to 1/17 1942 and that I last saw h[illegible] alive on 1/17 1942.

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis, C
Due to Hypertension

Duration

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alba H Crowther M.D.
Address 4709 Frederick Ave Date signed 1/19/42

VS 3

F 88275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88275 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 Stafford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Stafford St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Richard H. Russell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8-1866

8. AGE: Years 75 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation House & Sign Painter

11. Industry or business Own. Business

FATHER 12. Name Charles Russell
13. Birthplace Maryland

MOTHER 14. Maiden Name Ellen Bowen
15. Birthplace Maryland

16 (a) Informant Martha A. Russell
(b) Address 3025 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 300 Eutaw Place

17 (c) Signature (Undertaker or Agent) (b) Huntington Williams M.D. Registrar

JAN 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1941, to Jan. 18 1942 and that I last saw him alive on Jan. 17 1942.

Immediate cause of death	Duration
Acute Cardiac Embarrassment	
Due to Emphysemia	
Due to Asthmia	10 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
None
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Crain M. D.
Address 612 N 40 St. Date signed 1/19/42

F 88276 | BALTIMORE CITY HEALTH DEPARTMENT F 88276 1

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 W Mulberry St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter E Meyers

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/18/1874

8. AGE: Years 67 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)
10. Usual Occupation Unemployed
11. Industry or business Teamster

FATHER
12. Name George Meyers
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Lydia ?
15. Birthplace Balto., Md.

16 (a) Informant Lillie Dumogh
(b) Address 1043 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Charles S. Carter
(b) Address 514 N. Calhoun St.

19 (a) JAN 20 1942 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E Kelfrich M.D. Medical Examiner.
Date signed 1/17/42

F 88277 JN 14159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88277 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S. Paca St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL Stephen Presti

3 (b) If veteran, name war ?

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Muth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1889

8. AGE: Years	Months	Days	If less than one day
52	9	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business V

FATHER
12. Name Vincent
13. Birthplace Italy

MOTHER
14. Maiden Name Angelia Mitchie
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulcher
Location Belair Road

18 (a) Funeral director Wm. J. Gobiencha Jr.
(b) Address 1423 S. Paca St.

19 (a) (Registrar) JAN 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1942, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1942 to 1-19 1942 and that I last saw him alive on 1-5 1942

Immediate cause of death Coronary sclerosis — Duration 5 hrs

Due to Arteriosclerosis — (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harlan L. Clayton Jr. M. D.
Address Balt. City Hosp. Date signed 1-19-42

VS 3

2030 W Fr Ave 38278D

F 88278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 N. Exeter St.
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAX CAPLAN

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife SARAH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation JEWELER

11. Industry or business FOR SELF

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location Thiro Rd + Bowleys Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) JAN 20 1942 Huntington Williams, M.D. Registrar
(Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to Jan. 19 1942 and that I last saw him alive on Jan. 9 1942

Immediate cause of death Carcinoma of rt. Lung — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 1/19/42

VS 1

F 88279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88279 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME William Glick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca Glick
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) —— 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Harry Glick
(b) Address 3041 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

19 JAN 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20 1942, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1941 to 1/20 1942, and that I last saw h[illegible] alive on 1/19 1942.

Immediate cause of death Uremia — Duration —

Due to Hypertensive cardio-vascular-renal disease — Duration —

Due to — Duration —

Other Conditions Deformity of thorax — Duration —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herbert W. Stein M. D.
Address South Baltimore Gen Hosp Date signed 1/21/42

VS 3

F 88280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 88280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3221 Woodland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Same Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3221 Woodland Avenue (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Shepp

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-8443

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Mexey Shepp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1889

8. AGE: Years	Months	Days	If less than one day
52	8	6	hr. min.

9. Birthplace Heldenville, Okla. (Town, county, and state)
10. Usual Occupation Windowshade mechanic
11. Industry or business Window shade

FATHER
12. Name Nelsen Shepp
13. Birthplace unknown

MOTHER
14. Maiden Name Carrie Weiser
15. Birthplace unknown

16 (a) Informant Mrs. Anna Mexey Shepp
(b) Address 3221 Woodland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42. (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location Baltimore, Md.

18 (a) Funeral director Lering Byers
(b) Address 5005 Park Heights Avenue

19 (a) JAN 20 1942 (Local Reg'r, Registrar) Huntington Williams, M.D. Address 4723 Park Heights Ave Date signed 1/19/42

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-42. 19 , at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1941, to Jan 18 1942, and that I last saw him alive on Jan 15 1942.

Immediate cause of death Cardiorespiratory failure — Duration 10 hr.

Due to Aortic regurgitation — 3 months
Mitral regurgitation — 3 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank L. DeBaufre M. D.
Address 4723 Park Heights Ave Date signed 1/19/42

VS 2

F 88281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170-c

Registered No. F 88281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA M. GRIMM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1871

8. AGE: Years 70 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Allegheny Co. Md. (Town, county, and state)

10. Usual Occupation Retired School Teacher

11. Industry or business

FATHER 12. Name Frederick Grimm
13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelmina Fricker
15. Birthplace Germany

16 (a) Informant Henry Weaber
(b) Address 1224 S. Charles St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/21/1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location

18 (a) Funeral director E. Schlosman & Son
(b) Address 1039 Hanover St.

19 (a) JAN 20 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17th 1942 at 6 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, 6th cervical vertebra — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/8
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 17th, 1942 at 6 50 PM
(c) Where did injury occur? North Ave and Bath Hill (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-18-42

VS 6

F 88282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88282

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Phillips.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Elizabeth D Phillips
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1872

8. AGE: Years	Months	Days	If less than one day
69	9	27	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Nathan Phillips.
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Blanche I. Brennan.
(b) Address 238 S. Mulberry Hagerstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/42 (month) (day) (year)
(c) Cemetery or crematory H. Moly.
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date received) JAN 20 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17, 1942 at 9:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 17 1942, and that I last saw him alive on Jan 17 1942.

Immediate cause of death, Myocardial Insufficiency — Duration 10 days

Due to Nutritional anemia and Mal nutrition

Due to Alcoholic Gastritis and Anemia Colitis

Other Conditions Always a frail and petite lady
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hubert Roland Reed M. D.
Address 850 W 36 St Date signed Jan 19 1942

F 88283 ✓ × F 88283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard and Greene Streets
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County York
(c) City or town Railroad
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Reichard

3 (b) If veteran, name war

3 (c) Social Security Account No. 180-09-0426

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Phoebe Reichard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1884

8. AGE: Years	Months	Days	If less than one day
57	6	5	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Furniture Store

FATHER
12. Name Levi Reichard
13. Birthplace Pa

MOTHER
14. Maiden Name Sawtelle Reeney
15. Birthplace ?

16 (a) Informant Phoebe Reichard (wife)
(b) Address Railroad, York County, Penna.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Shrewsbury
Location Pa

18 (a) Funeral director [illegible]
(b) Address 3615-17 Chestnut Ave

19 (a) JAN 20 1942 (Registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1942, at 8:23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 17, 1942 to January 17, 1942 and that I last saw him alive on January 17, 1942.

Immediate cause of death Post Operative Shock — Duration 5 hours

Due to Craniotomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation January 17, 1942 at noon
Major findings of operation Brain Tumor, Bilateral Frontal Lobes
of autopsy: Access

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Warren S. Cannon, M.D.
Address University Hospital Date signed 1/20/42

F 88284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 N. Calhoun st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N. Calhoun Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

57

3 (a) FULL NAME Rosetta Loney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	A. A.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Loney
13. Birthplace A. A. Co. Md

MOTHER
14. Maiden Name Susan ?
15. Birthplace A. A. Co., Md.

16 (a) Informant Blanche Shaw
(b) Address 1734 N. Calhoun Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1702 Pennsylvania Ave

19 (a) JAN 20 1942 (Date rec'd by registrar) (b) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1942, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1942, to 1/18 1942
and that I last saw h[illegible] alive on 1/18 1942

Immediate cause of death — Myocarditis — Duration 3 mo.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Carson C. Johnson M.D.
Address 1802 Pennsylvania Ave Date signed 1/20/42

VS 2

Print, write, or type, using INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 88285

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Riggs Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James A. Freeze Sr.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 212-10-7436

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Celeste C. Flaherty (nee) **6 (c) If alive, give age** 57 years

7. Birth date of deceased (mo., day, yr.) July 27, 1882

8. AGE: Years	Months	Days	If less than one day
59	5	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation bar-tender

11. Industry or business

FATHER
12. Name Thomas B. Freeze
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Swann
15. Birthplace Baltimore, Md.

16 (a) Informant Celeste C. Freeze
(b) Address 2710 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/21/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Manton W. E. Dyer & Sons
(b) Address Lombard & Ann Sts.

19 (a) JAN 20 1942 (Date received) Huntington Williams, M.D. (b) Address WB9Hi Date signed 1-19-42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1942 at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 1/18 1942 and that I last saw him alive on 1/18 1942

Immediate cause of death

Arteriosclerotic heart disease — Due to

Due to

Other Conditions: Chronic pulmonary tbc. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gadd M. D.
Address WB9Hi Date signed 1-19-42

F 88286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 88286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2534 E. Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anderson Stoddard (Spalding)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt. 28			hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Typesetter
11. Industry or business Printing

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Balto. City Hosps Rec'd
(b) Address Baltimore, Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Gorsuch Mill Rd - Md
18 (a) Funeral director John J. Fisher Jr.
(b) Address 1316 Light St
19 JAN 20 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1942; at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Haddaway M.D. Medical Examiner.
Date signed 1-17-42

VS 6

IMPORTANT: WITH UNFEELING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D Registered No.

F 88287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Marshall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Marshall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Annette Siebert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	Married

6 (b) Name of husband or wife Jacob Siebert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 4 - 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	3	15		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Maker
11. Industry or business

FATHER
12. Name Fred Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name Liz Knaard
15. Birthplace Germany

16 (a) Informant Mr Siebert
(b) Address 1305 Marshall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location R.C. Cemetery Md

18 (a) Funeral director John J Feeley Inc
(b) Address 1738 Bayard St
(c) Huntington Williams M.D. (Registered)

JAN 20 1942 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1942, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1941, to Jan 19 1942, and that I last saw h[illegible] alive on Jan 19 1942.

Immediate cause of death	Duration
Chronic Endocarditis	4 mos
Due to Arteriosclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Wheeler M.D.
Address 1279 Williams St Date signed 1/20/42 M. D.

F 88288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-w

F 88288 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Letmate Stiegler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	MARRIED

6 (b) Name of husband or wife GEORGE H. STIEGLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 10 1885

8. AGE: Years	Months	Days	If less than one day
56	5	9	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name J. FRED. LETMATE
13. Birthplace BALTO MD

MOTHER
14. Maiden Name ELIZABETH BERWIG
15. Birthplace MARYLAND

16 (a) Informant GEO. H. STIEGLER.
(b) Address 4206 ROLAND AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD

18 (a) Funeral director MRS CHAS A.G. ROHDE
(b) Address 2327 EDMONDSON AVE

19 (a) JAN 20 1942 (Local Registrar) Huntington Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1942 at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1942 to Jan. 19 1942 and that I last saw her alive on Jan. 17, 1942

Immediate cause of death Bronchopneumonia — Duration 2 Days

Due to

Due to

Other Conditions Cerebral Hemorrhage, 6 days. Arterio-Sclerosis; hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J. Grayson M. D.
Address [illegible] Date signed 1/19/42

VS 3

F 88289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88289 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Willow Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 Arbutus Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marie E. Bokman, BOKMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Charles A. Bokman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 25 - 1882
8. AGE: Years 59 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Stemmo
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Filey
15. Birthplace Md.

16 (a) Informant Mrs Nydia M. Rommel
(b) Address 2421 Arbutus Ave.

17 (a) Burial (b) Date thereof Jan. 21/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Maurice B. Dyer
(b) Address 1600 N. North Ave

19 (a) (b) Huntington West Virginia
(Date rec'd by registrar) JAN 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 to Jan 19 1942 and that I last saw h. C alive on Jan 19 1942

Immediate cause of death Respiratory failure — Duration

Due to Cerebral Accident

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Bauman M. D.
Address St Agnes Hosp. Date signed 1/19/42

F 88290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

F 88290 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street 2039 Eagle St. (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert G. Wolff (Birth F-30574)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1941

8. AGE: Years	Months	Days	If less than one day
	6	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rudolph Ray C. Wolff

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Mary Martha Di Domenico

15. Birthplace Pittsburg Pa.

16 (a) Informant Ray C. Wolff

(b) Address 2039 Eagle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab

(b) Address 505 N. Monroe St.

19 (a) JAN 20 1942 (Filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18th 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1942 to 1/18 1942 and that I last saw h/er alive on 1/18 1942.

Immediate cause of death Respiratory failure — Duration

Due to Intestinal obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Sawyer, M.D.

Address St Agnes Hosp Date signed 1/18/42

VS 5

F 88291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 88291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Wilmot Crt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Md
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Wilmot Crt.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Kutt

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1864

8. AGE: Years 77 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Blenheim Balto. Co.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Kutt
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schaffer
15. Birthplace Germany

16 (a) Informant Mrs. Ella Devlin
(b) Address 1024 Wilmot Crt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Grindon Lane

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

19 (a) JAN 20 1942 Washington Wilmot Crt

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/ 1942 at 8 a. 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to 1/15 1942 and that I last saw h[illegible] alive on 1/15/ 1942.

Immediate cause of death Carcinoma Sclerotic HH Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Solomon Tanner Hamm.
per Chas Sol Smith M.D.
Address 1304 E. Chase Date signed 1/19/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 88292 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 W. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 90 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 W. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle C. Purcell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William H. Purcell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years 90 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jesse Slingluff

13. Birthplace Maryland

MOTHER 14. Maiden Name Frances Cross

15. Birthplace Marylamd.

16 (a) Informant Ezra B. Whitman

(b) Address 139 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount & Hoffman St.

18 (a) Funeral director H. J. Mears & Son

(b) Address 805 N. Calvert St.

(c) JAN 20 1942 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1942 at 3:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner

Date signed 1/19/42

VS 6

F 88293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 N. Luzerne ave
(If rural give location)
Citizen of foreign country? ------- (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Amereihn

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-03-1759

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Evelyn Fick

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) August 1, 1905

8. AGE: Years 36 | Months 5 | Days 18 | If less than one day: ---hr. ---min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Printer

11. Industry or business: Oscar T. Smith & Son Co.

FATHER
12. Name: Andrew Amereihn
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Elizabeth Menger
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Evelyn Amereihn
(b) Address: 1323 N. Luzerne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4430 Belair Road

18 (a) Funeral director: H. W. Meakins and Son
(b) Address: 805 N. Calvert Street

19 (a) JAN 20 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1942; at 5:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy - Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Waldeck M.D.
Medical Examiner.
Date signed 1-20-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 88294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88294 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1641 Wilkens Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 Wilkens Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Robertson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Late Thomas B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1869

8. AGE: Years	Months	Days	If less than one day
72	6	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Arthur
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Schrum
15. Birthplace Maryland

16 (a) Informant Josephine Arthur
(b) Address 1641 Wilkens Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director Harry E. Witzke
(b) Address 4101 Edmondson Avenue

19. (a) (Signature of undertaker) Huntington Williams, M.D.

JAN 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 6.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1941, to Jan. 17 1942, and that I last saw her alive on Jan. 17 1942.

Immediate cause of death: Cardiac Dilatation — Duration: 2 hours

Due to: Arteriosclerotic C.V. Heart Disease — 4 years.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kimpp M.D.
Address 3030 Edmondson Ave. Date signed 1/19/42

F 88295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

Registered No. F 88295

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHESTER F. LA. BELLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age 4 years

7. Birth date of deceased (mo., day, yr.) Febry 7, 1916

8. AGE: Years 25 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Soldier.

11. Industry or business

FATHER 12. Name James A. La Belle

13. Birthplace Buffalo, N.Y.

MOTHER 14. Maiden Name Margaret N. Barnhouser

15. Birthplace West Va

16 (a) Informant Mr. James A. La Belle

(b) Address 22 S. Fulton Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/19/1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore Meth Cem

Location 5501 Frederick Ave

18 (a) Funeral director John J. Cowan & Son

(b) Address 904 Fulton St.

19 JAN 20 1942 (Date rec'd by registrar) (c) Huntington Washington, D.C.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1942 at 3 1/2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull (mandible)

Due to:

Due to:

Other Conditions: Crushing of chest (Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 15, 1942 at 1:30 P M
(c) Where did injury occur? Hanover & Lombard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Passenger in car which collided with another car

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 1-15-42

F 88296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 88296 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Dalmar (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm. E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1852

8. AGE: Years 89 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Connor
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Edyth Stedman
(b) Address 3315 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George T. Bryan, Jr.
(b) Address 1512 Harlem Street

19 (a) JAN 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 at 2:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture of humerus	
Coronary Atherosclerosis	
Due to Heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/16/42 at 10 a.m.
(c) Where did injury occur? 1502 Hollins St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? No
(e) Means of injury Fall out of bed

23. Signature [illegible] M.D. Medical Examiner
Date signed 1/19/42

VS 6

F 88297

MA 70313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88297 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hofmann

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1881

8. AGE: Years	Months	Days	If less than one day
60	4	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward (d)
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Nestor (d)
15. Birthplace Ireland

16 (a) Informant B. C. H. records
(b) Address -

17 (a) Burial, (b) Date thereof 1/21/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location

18 (a) Funeral director J. Liston Weisfeld
(b) Address 501 E 22nd St

19 JAN 20 1942 (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-42 19 , at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1941, to 1-18 1942, and that I last saw him alive on 1-18 1942.

Immediate cause of death	Duration
Broncho pneumonia	1wk
Due to	
Due to	
Other Conditions Post [illegible] Pyelit.is	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Goss Jr. M. D.
Address Balt City Hosp Date signed 1-19-42

F 88298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 88298

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Claire Farran

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-9360

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-20-1920

8. AGE: Years 22 | Months | Days | If less than one day — hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Stationers

FATHER
12. Name Joseph Farran
13. Birthplace Pittsburgh

MOTHER
14. Maiden Name Eveline Martin
15. Birthplace Pittsburgh

16 (a) Informant Mrs Peterson
(b) Address 322 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 20 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 301 E. 32nd Sts.

19 JAN 20 1942 (Date rec'd by registrar) (b) Huntington Wilson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1942, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1942, to 1-16 1942, and that I last saw h.e.c. alive on 1-16 1942.

Immediate cause of death Undetermined

Chronic Ulcerative Tuberculosis

Due to Pneumonic phthisis tuberculosis

Employment

Due to Sr. pulmonary C.O.R.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
4-5 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 1-17-1942

VS 3

88299 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C Registered No. F 88299

The F... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Crisfield (If outside city or town limits, write RURAL and give town)
Street No. 96 (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hoke Cullen (Jacob Hoke Cullen)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-12-6575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18. 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	3	1		

9. Birthplace Crisfield Somerset Co (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business War Defense Work

FATHER
12. Name Wade Cullen
13. Birthplace Crisfield Md

MOTHER
14. Maiden Name Ola Garrison
15. Birthplace Marion Md

16 (a) Informant Wade Cullen
(b) Address Crisfield Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cemetery
Location Marion Station, Md

18 (a) Funeral director John A. Bradshaw
(b) Address Crisfield Md.

19 (a) JAN 20 1942 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19-1942, at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burn shock & Hemo — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/19/42 at 10.30 P M
(c) Where did injury occur? 703 N Monroe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell or inflicted from

23. Signature Howard A. Bowden Asst M.D. Medical Examiner.

Date signed 1-20-42

VS 6

405989

F 88300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1025 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Brown (Birth F-40169)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If dlive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-41

8. AGE: Years	Months	Days	If less than one day
	5 wks	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sherman Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Mae Anderson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 20 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 20 1942 (Date rec'd by registrar) (b) Huntington Millimanus, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1942 at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1941 to Jan 15 1942 and that I last saw deceased alive on Jan 15 1942

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Uremia, Acidosis — 9 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Hibbs M. D.
Address Johns Hopkins Date signed 1/18/42

VS 2

6986

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 88301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 Bank Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Clodfelter (Birth F 41862)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 29, 1941

8. AGE: Years | Months | Days: 1 | If less than one day: 38 hr. 38 min.

9. Birthplace Sinai Hospital (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Clodfelter
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Barbara Gustal
15. Birthplace Baltimore, Md.

16 (a) Informant Barbara Clodfelter
(b) Address 1921 Bank St., Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 20 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore.

19 (a) JAN 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1941, at 7:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1941 to 12/30 1941, and that I last saw him alive on 12/30 1941.

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis R. Soloway M.D.
Address Sinai Hospital Date signed 1/16/42

VS 3

6989

CORRECTIONS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 V

Registered No. E 88302

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1351 N. Gilmor St. apt. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-5705

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/1888

8. AGE: Years 58 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Pikesville, Md (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant Mattie Brown
(b) Address 1351 No. Gilmor St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-23-47 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Baltimore Md

18 (a) Funeral director Wellington A Eckard
(b) Address 916 Penna ave

19 (Date received by Registrar) JAN 20 1947 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1947, at 10.40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration

Due to 1st, 2nd & 3rd degree burns, involving entire body — Duration

Due to acute burning. — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-17-47 at 10.27 A M
(c) Where did injury occur? 1351 N. Gilmor Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Overturned oil stove Burns

23. Signature Howard J. Andelis M.D. Medical Examiner.
Date signed 1-19-47

VS 6

over

M. D. B. 1268-9

F 88303

F 88303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 749 W. Mulberry St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Silas Robinson

(a) Residence: No. 749 W. Mulberry St., Ward. S. S. No. 217-09-1131

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Alice Jackson Robinson

6. DATE OF BIRTH (month, day, year) 5-14-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. House

10. Date deceased last worked at this occupation (month and year) Dec. 1941

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Charlestown West Virginia

FATHER

13. NAME Rolly Jones Robinson

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Helen Blue

16. BIRTHPLACE (city or town) (State or country) W. Virginia (?)

17. INFORMANT Helen Robinson

(Address) 704 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 20 1942

19. UNDERTAKER

(Address)

20. JAN 20 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1942 to Jan 15, 1942

that I saw him alive on Jan 15, 1942 Death is said to have occurred on the date stated above, at 2:20 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/14/42 ?

Arteriosclerosis

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abram Goldman M. D.

(Address) 2313 W. North Ave.

Howard J. Carlson M.D.

v. 8. 2

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 88304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 Green St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Green St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Loretta Dorsa Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1886

8. AGE: Years 56 | Months 11 | Days | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business -

FATHER
12. Name Wesley Cobb
13. Birthplace N. C.

MOTHER
14. Maiden Name Eliz. Eggberry
15. Birthplace N. C.

16 (a) Informant Emma Latimer
(b) Address N. C.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 2002 Druid Hill Ave.

19 JAN 20 1942 (Date rec'd by registrar) (b) Pennington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18/42 19 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18/19 to 1/18/42, and that I last saw him alive on 1/18/42 M.

Immediate cause of death: Pneumonia
as a consequence of Influenza
Due to Arteriosclerosis
Due to
Other Conditions

Duration: one

(If due to pregnancy within 3 months of death)
Date of operation
Major findings of operation
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lee Allen M. D.
Address 724 Mosher Date signed 1/19/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88305

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4613 Park Heights Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A. Gitomer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Chanah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham Gitomer
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Gitomer
15. Birthplace Russia

16 (a) Informant Louis Gitomer
(b) Address 2127 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date received) JAN 20 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

6.10

20. DATE OF DEATH January 20 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 19 , to Jan 20 1942 and that I last saw h.im alive on Jan 20 1942

Immediate cause of death: Cerebral hemorrhage — Duration 24 hrs

Due to: General arterio sclerosis — 2

Due to: 2 hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Siddall M. D.
Address 2407 Eutaw Pl Signed 1/20/42

VS 3

F 88306 1

WILT.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-G Registered No. F 88306

PRINTED WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wva (b) County
(c) City or town Millville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Weet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Ida Pennell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1-1906

8. AGE: Years	Months	Days	If less than one day
36	0	19	hr. / min.

9. Birthplace Chestnut Hill, W. Va.
(Town, county, and state)
10. Usual Occupation Shooter
11. Industry or business Stone Quarry

FATHER
12. Name Levi Wilt
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Buzzard
15. Birthplace W. Va.

16 (a) Informant Mrs. Robert Brashear
(b) Address Millville W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)
(c) Cemetery or crematory Chestnut Hill
Location W. Va.

18 (a) Funeral director L. E. Backus
(b) Address Bolivar, W. Va.

19 (a) JAN 20 1942 (Date rec'd by registrar) (b) Interred in Williamstown W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-42 19 , at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3-41 19 to 1-20-42 19, and that I last saw him alive on 1-20-42.

Immediate cause of death Postoperative Cerebrovascular Shock — Duration

Due to Colostomy

Due to Hirschsprung's Disease

Other Conditions Previous colostomy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hirschsprung's disease

of autopsy: Hemorrhagic pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester A. Rhoads M. D.
Address University Hosp Date signed 1-20-42

VS 3

F 88307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0 Registered No. F 88307

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 Monastery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street & 230 Monastery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas F. O'Dea

3 (b) If veteran, name war

3 (c) Social Security Account No. 402-05-3435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Colored	married

6 (b) Name of husband or wife Nora O'Dea
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 19, 1874

8. AGE: Years	Months	Days	If less than one day
67	9	10	hr. min.

9. Birthplace New York N. Y. (Town, county, and state)
10. Usual Occupation Foundry Manufacturer
11. Industry or business

FATHER
12. Name Timothy O'Dea
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Quirk
15. Birthplace Ireland

16 (a) Informant Nora O'Dea
(b) Address 230 Monastery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington D.C.

18 (a) Funeral director W. W. Deal
(b) Address 4812 Va. Ave N.W.

19 (a) JAN 20 1942 (Date received by registrar) (b) Huntington Md. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 19 1942; and that I last saw him alive on Jan 17 1942.

Immediate cause of death	Duration
Acute Cardiac Dilation.	Indefinite
Due to Sclerosis Coronary.	1 Y. 4 M.
Due to Myocarditis Chronic Cardiac.	Several Years
Other Conditions Arteriosclerosis.	Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Graham Manton M. D.
Address 516 Cathedral St. Date signed 1-20-42

VS 1

F 88308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 88308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 492 Sheffield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sol Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Abraham Fisher

13. Birthplace Rumania

MOTHER 14. Maiden Name Vera (?)

15. Birthplace Rumania

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-20-42 (month) (day) (year)

(c) Cemetery or crematory Brooklyn New York

Location

18 (a) Funeral director Jack Levy Inc.

(b) Address 1439 E. Baltimore St

19 (a) JAN 20 1942 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-19 1942 at 820 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 hr

Due to: Hypertension — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Higgins M.D.

Address Johns Hopkins Hosp Balto Md 1-20-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1208-9

88309

HEALTH DEPARTMENT—CITY OF BALTIMORE

88309

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 5 St. Spruce Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Curtis

(a) Residence: No. 2521 Carlton st St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

(Birth F-42787)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/42

7. AGE Years	Months	Days	If LESS than 1 day 23 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Edward Conrad Curtis Jr.

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Grace Rhoden

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. JAN 20 1942 Huntington Hilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 19 42 to Jan 12, 19 42
I last saw ... alive on Jan 12, 19 42 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Oscar Hartman M. D.

(Address) Franklin Square Hospital

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 88310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127B

Registered No.

F 88310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 E. 32nd. St. Balto. Md.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs 2Mo. 10Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1613 E. 32nd St.
(If rural give location)
(d) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth S. Hofferbert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Widowed

6 (b) Name of husband or wife John B. Hofferbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1876

8. AGE: Years	Months	Days	If less than one day
65	2	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name Conrad H. Geweeke
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Koerner
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lillian Boyd
(b) Address 3215 White Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Williams & Sly
(b) Address 1217 N. Eutaw St.

19 JAN 21 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1942, at 8:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7, 1942 to Jan 19, 1942 and that I last saw her alive on Jan 19, 1942.

Immediate cause of death	Duration
Hemorrhagic purpura	2 days
Due to Catarrhal jaundice	8 days
Due to Acute gastroenteritis	6 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Hofbert M. D.
Address 2807 Harford Ave. Date signed 1-20-42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88311 Registered No.

Please write plainly with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 N. Boone St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Rose Heisterman.

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Emanuel Heisterman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1853

8. AGE: Years 88 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Pindell
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Emanuel Heisterman
(b) Address 2709 Boone St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Dusty Mirror
Location Baltimore Md

18 (a) Funeral director Watkins Bros
(b) Address 1214 E. Fayette St

19 JAN 21 1942 (Date rec'd by registrar) (b) Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20/42 19 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/42 19 to 1/20/42 19, and that I last saw h[illegible] alive on 1/19/42 19

Immediate cause of death

Chronic Myocarditis

Due to + Hypostatic pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 20 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 4303 York Rd Date signed 1/19/42

VS 3

F 88312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-a

F 88312 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1746 Carswell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1746 Carswell St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rebecca Seymour

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Samuel F. Seymour
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.) Sept. 28 1860
8. AGE: Years 81 Months 3 Days 24 If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Dudley
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Thompson
15. Birthplace Maryland

16 (a) Informant Samuel F. Seymour
(b) Address 1757 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilbur Coffey
(b) Address 1700 W. Lexington St.

19 (a) JAN 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1942 to Jan 19 1942 and that I last saw her alive on Jan 9 1942.

Immediate cause of death: Uremia — Duration (2)

Due to: Chronic Nephritis

Due to:

Other Conditions: Arteriosclerosis, Cardiac Insufficiency
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Samuel F. Seymour M. D.
Address 1261 E North Ave Date signed Jan 20/42

VS 8

F 88313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 88313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Darley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Kindall

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-01-6050

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caroline
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1886

8. AGE: Years 55 | Months 4 | Days 13 | If less than one day: hr. min.

9. Birthplace: Hagerstown, Md. (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business: Md. Dry Docks

FATHER
12. Name: John Walter Kindall
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mattie M. Horst
15. Birthplace: Hagerstown, Md.

16 (a) Informant: Caroline Kindall
(b) Address: 1410 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/23/42 (month) (day) (year)
(c) Cemetery or crematory: Morland Park
Location: Baltimore Co. Md.

18 (a) Funeral director: Wilson Gotz
(b) Address: 121 S. Fort Ave. Huntington Station, M.D.

19 (a) JAN 21 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1942, at 7.17 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Chronic Myocardial Degeneration	
Due to: Acute Pulmonary Edema	
Due to:	
Other Conditions: Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Uhlein M.D. (Medical Examiner.)
Date signed 1-20-42

VS 6

F 88314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N J (b) County Warren
(c) City or town Hackettstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN ASHLEY

3 (b) If veteran, name war 1st. World
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1890

8. AGE: Years 51 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation
11. Industry or business Glenn Martin

MOTHER FATHER
12. Name William
13. Birthplace New York

MOTHER
14. Maiden Name Tillie Fielding
15. Birthplace England

16 (a) Informant Mrs. Roland Teel
(b) Address Severna Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)
(c) Cemetery or crematory Tranquility
Location Hackettstown, N.J.

18 (a) Funeral director D. J. McCully
(b) Address 130 E. Fayette Ave.

19 (a) JAN 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942 at 3 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia lobular — Duration
Due to Subphrenic abscess
Due to Fracture of pelvis
Other Conditions ko
(Include pregnancy within 3 months of death)
Date of operation ko
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 20, 1942 at 12 M.
(c) Where did injury occur? Old Chula Rd + Covington Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury Collision of two autos

23. Signature H. L. Wallenweber M.D.
Acting Medical Examiner.
Date signed 1-20-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88315 Registered No. 170-C

Physicians: please write the causes of death clearly and legibly. The address as to county is important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Casimir Pasaluk (Kasun Paslut)

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-03-4885

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1885 — —

8. AGE: Years	Months	Days	If less than one day
57 56			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Longshoreman

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Frances Pasaluk
(b) Address 831 S. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann St.

19 (a) JAN 21 1942 Huntington Williams (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20- 1942 at 7.10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Dislocation 1 2nd cervical vertebra	
Due to: and fractures skull	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-20-42 at 6.45 A M
(c) Where did injury occur? Boston St. Nr. Patterson Park Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Crouch M.D. Medical Examiner.
Date signed 1-20-42

VS 6

F 88316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 88316 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S. Collins Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Collins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William A. Brice

3 (b) If veteran, name war: V
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Late Katie Brice
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Apr 9 1861

8. AGE: Years	Months	Days	If less than one day
80	9	11	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Watchman
11. Industry or business retired

FATHER 12. Name James Brice
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Wilmer
15. Birthplace Md.

16 (a) Informant Mrs. Ethel M. Schaeffer
(b) Address 314 S. Collins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Chestertown Cem.
Location Chestertown Md

18 (a) Funeral director John Cowan & Son
(b) Address 901 Collins Street

19 (a) [illegible] (b) JAN 21 1942 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Jan 20 1942 and that I last saw h[illegible] alive on Jan 6 1942

Immediate cause of death

	Duration
Edema Cerebrum Pulmonis	
Due to Loss of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Large tumor mass in stomach
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. A. Brice M. D.
Address 4713 Roslyn Rd. Date signed 1/20/42

F 88317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88317 Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 W. Kloman St.
(c) Hospital or institution: Westport
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 W. Kloman St. (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA AURORA KENLY

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex female **5. Color or race** white **6 (a) Single, married, widowed, or divorced** married

6 (b) Name of husband or wife Thomas R. Kenly

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 28. 1888

8. AGE: Years 53 | Months 2 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - - -

FATHER
12. Name Alvin Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Doris ?
15. Birthplace Germany

16 (a) Informant Richard G. Stammer (Son)
(b) Address 2931 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 21. 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto. Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) JAN 21 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18. 1942 19 2.30 P.M. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Jan 18 1942.
and that I last saw h.. alive on Jan 15 1942.

Immediate cause of death	Duration
Acute Dilation of Heart.	1 hr.
Due to Chronic Myocarditis	5 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Wheeler M.D.
Address 1279 Hillsdale Date signed 1/19/42

VS 8

F 88318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1194a Registered No.

F 88318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lawrence Peck (Birth F- 25074)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1941

8. AGE: Years	Months	Days	If less than one day
	10	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Clarence Cobb
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred Peck
15. Birthplace Md

16 (a) Informant Mildred Peck (Mother)
(b) Address 1509 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] (b) Huntington Williams, M.D.
Jan 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942 at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1941, to Jan. 19 1942 and that I last saw h[illegible] alive on Jan. 19 1942

Immediate cause of death Acute Gastro-enteritis — Duration 2 months

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp Date signed 1/20/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88319 JN 71159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 days
(e) Length of stay in Baltimore (yrs., mos., or days): 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 5201 Denmore St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: Redrick William Schaired

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: [illegible]
6 (c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): Dec. 28, 1892
8. AGE: Years: 49 Months: 0 Days: 21 If less than one day: hr. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Ice & Coal Dealer
11. Industry or business: Own business

FATHER
12. Name: Isaac
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Louise Smith
15. Birthplace: Virginia

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St

19 (a) [illegible] 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-19 1942 at 9 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 1-19 1942. and that I last saw h[illegible] alive on 1-19 1942.

Immediate cause of death: Cerebral thrombosis — Duration: 1 day
Due to: Cardiac failure, Hypertension C.V.D. — Duration: ? ?
Due to: — Duration:
Other Conditions: — Duration:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Howard K. Rathbun M. D.
Address: Balto. City Hosp. Date signed: 1-20-42

Physicians: please write the causes of death clearly and legibly.

F 88320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. E 88320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 E. Chase St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) abt. 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 E. Chase St. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob S Shirey Anstine

3 (b) If married, name of husband or wife: Noble
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Laura S. Anstine
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11, 1850

8. AGE: Years	Months	Days	If less than one day
91	9	8	hr. — min.

9. Birthplace Glen Rock, Penna. (town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Odd Business

FATHER
12. Name Jacob Anstine
13. Birthplace Prob. Glen Rock, Pa.

MOTHER
14. Maiden Name Eve S Shirey
15. Birthplace Prob. Glen Rock, Pa.

16 (a) Informant Miss Minnie A Radcliffe
(b) Address 418 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Av. - City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODER SUC.) 108 W. NORTH AVENUE

19 (a) JAN 21 1942 Huntington Williams M.D.
(Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th. 1942, at 12:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 19th 1942 and that I last saw him alive on Jan 18th 1942.

Immediate cause of death: Myocardial failure — Duration
Due to Congestive heart failure
Due to Chron. myocarditis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S Glassmyer M. D.
Address 403 Falls Rd. Date signed 1/19/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-2

F 88321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's
(c) Hospital or institution: Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3435 E Hoffman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Krause (Birth F-42931)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20-42

8. AGE: Years	Months	Days	If less than one day
			hr. 20 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick J Krause
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Murphy
15. Birthplace England

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (b) Date thereof Jan 24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd

18 (a) Funeral director J. J. Stevens Son
(b) Address 3001 Eastern Ave

19 (a) Jan 23 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Jan 20 1942 and that I last saw him alive on Jan 20 1942

Immediate cause of death Cyanotic Obstetrics Monoamnion Hydrops Type

Due to

Due to

Other Conditions Hydramnion 8 months Pregnancy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Groark M. D.
Address St Joseph's Hosp Date signed 1-20-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 88322 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 E. Oliver Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 E. Oliver Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Baxley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George M. Baxley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th, 1866

8. AGE: Years 74 | Months 7 | Days 13 | If less than one day: hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Philip Joerdan
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Domitadt
15. Birthplace Germany

16 (a) Informant Mrs. Annie Maskell
(b) Address 1911 E. Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JAN 21 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/V 1941 to 1/19 1942, and that I last saw h[illegible] alive on Jan. 18, 1942.

Immediate cause of death: Carcinoma of Uterus.
Duration: 7

Due to

Due to

Other Conditions Arteriosclerosis
Cardio-Vascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Pollman M. D.
Address 206 E. Preston St. Date signed Jan 22 1942

VS 3

F 88323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 88323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~~years~~

5

3 (a) FULL NAME Corsetta Jeppi (Concetta Mary Jeppi)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ~~———~~

6 (c) If alive, give age ~~———~~ years

7. Birth date of deceased (mo., day, yr.) February 26, 1915

8. AGE: Years 26 | Months 10 8 | Days 24 | If less than one day ~~hrs.~~ ~~min.~~

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Jeppi
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rosa Papa
15. Birthplace Italy

16 (a) Informant Joseph Jeppi (Father)
(b) Address 444 N. Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Balto.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave

19 (a) JAN 21 1942 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1942, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1942, to Jan 20 1942, and that I last saw her alive on Jan 20 1942.

Immediate cause of death: Cerebral Embolism — Duration

Due to: Subacute Bacterial Endocarditis

Due to: Scarlet Infection

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: O. Oscar Hartman, M.D.
Address: Franklin Square Hosp. Date signed: 1/20/42

VS 3

F 88324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P

F 88324

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N Marshall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Md
(If outside city or town limits, write RURAL and give town)
(d) Street address 622 N Marshall St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma V. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-1874

8. AGE: Years 66 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Geo W Staylor
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Washington
15. Birthplace Va.

16 (a) Informant F. Lee Thomas
(b) Address 5191 Old Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director Leonard Rudd
(b) Address 2205 Harford Rd

JAN 21 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1942 at 21 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 19 1942 and that I last saw her alive on Jan 19 1942.

Immediate cause of death

Acute dilatation of heart — Duration 2 days

Due to

Due to Mitral regurgitation — Duration Indef.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Campbell M. D.
Address 1644 Hanover St. Date signed 1-20-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

F 88325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-24-B

F 88325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Arlington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mallie M Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Joseph C Mathews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1890

8. AGE: Years	Months	Days	If less than one day
51	5	14	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Joseph C Mathews
(b) Address 2910 Arlington Ave

17 (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Leonard Ruppert
(b) Address 2305 Harford Rd

19 (a) JAN 21 19 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1941 to JAN 19 1942 and that I last saw her alive on JAN 19 1942.

Immediate cause of death
Due to Cirrhosis of the liver Hepatic
Due to Anemia

Other Conditions Acute cardiac Dilatation
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:

of autopsy:

Duration
1 wk.
over
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ted Ruppert M. D.
Date signed JAN 20 1942

Huntington Williams, M.D.

Please answer all questions as expertly important. Physicians: please write the causes of death clearly and legibly.

F 88326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 88326 Registered No.

Correct Age is especially important. Physicians: please write the causes of death clearly and legibly. Any false statement or information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Sexton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel T Davis

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married (Spouse)

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	4	17		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business Home.

FATHER
12. Name William J Grace
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Whitehead
15. Birthplace Maryland.

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (Month) (day) (year)
(c) Cemetery or crematory Lowdon Pk
Location Frederick Rd
18 (a) Funeral director Edward Lawson
(b) Address 2309 Wash Blvd
19 (a) JAN 21 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 11:46 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1941 to 1-18 1942 and that I last saw h[illegible] alive on Jan 18 1942

Immediate cause of death	Duration
Acute Circulatory Collapse	
Due to Shock from operation	
Cholecystectomy	
Due to Colostomy & removal	
cancerous of colon	
Other Conditions Chronic Cholecystitis	
Diabetes - Carcinoma of Sig. Colon	

(Include pregnancy within 3 months of death)
Date of operation 12-22-41 1-3-42
Major findings of operation: Cancer 1-16-42
Cholecystitis & Stones - Carcinoma Colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fuller B Whitehead M. D.
Address Md Gen. Hosp Date signed 1-18-42

VS 8

F 88327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 88327

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Ohio
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11511 Sagwell Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rabbi Hyffel Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Deborah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Rabbi

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Lithuania

MOTHER
14. Maiden Name Not Known
15. Birthplace Lithuania

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Washington Park
Location Baltimore

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) JAN 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20 1942 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1942 to 1/20 1942, and that I last saw h[illegible] alive on 1/20 1942.

Immediate cause of death Coronary Pulmonary Embolism. — Duration

Due to Thrombophlebitis

Due to Post-operative appendicitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated Appendicitis & abscess formation
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Gelber M.D.
Address Sinai Hospital Date signed 1/20/42 M. D.

VS 3

Keep this space free for typewriting. If typewriter is not available, please write the causes of death clearly and legibly.

F 88328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88328

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 Park ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Bernard Levin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca Rosenfeld

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 67 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, or state)

10. Usual Occupation Retailer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dr. H. E. Levin
(b) Address 2037 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory Sinai Hebrew
Location Mt Carmel

18 (a) Funeral director Park Levin Inc
(b) Address 1439 E. Balto St

19 JAN 21 1942 (Date received by local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1937 to 1-20 1942, and that I last saw h~~im~~ alive on 1-20 1942.

Immediate cause of death
Coronary - Thrombosis
Diabetes Mellitus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin MD
Address 2037 Park Ave Date signed 1/20/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-F

F 88329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 N Gilmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roland C. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5251

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Mary Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1898

8. AGE: Years	Months	Days	If less than one day
43 44	2	11	hr. min.

9. Birthplace Northumberland Va (Town, county, and state)

10. Usual Occupation
11. Industry or business Long Shoreman

FATHER
12. Name Wm. Bell
13. Birthplace Va

MOTHER
14. Maiden Name Mary Bell
15. Birthplace Va

16 (a) Informant Mary Scott Mother
(b) Address 708 N Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 22 42 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park
Location Maryland

18 (a) Funeral director Payne Sandra
(b) Address 1122 Preston St

19 (a) JAN 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942, at 7A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1941 to Jan 19 1942 and that I last saw him alive on Jan 19 1942

Immediate cause of death: (a) Primary Carcinoma Liver — Duration: Nov 1941
Due to: (b)
Due to: (c)
Other Conditions: Pleurisy — Nov 1941
(Include pregnancy within 3 months of death)
Date of operation Dec 1941
Major findings of operation: Carcinoma Liver
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph E. Young M. D.
Address 1429 E Monument Date signed Jan 20/1942

VS 8

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 88330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 88330 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 729 W. Mulberry

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 729 W Mulberry (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 37 | Months 36 | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Brown

13. Birthplace Md

MOTHER 14. Maiden Name Mary Dorsey

15. Birthplace Md

16 (a) Informant Robert Jackson

(b) Address 729 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 329 N. Bakerdales St

19 (a) JAN 21 1942 (Date received by Registrar) Lurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1942 at 6 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942, to Jan 14 1942, and that I last saw ___ alive on Jan 12 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hour

Due to: Hypertension and Heart disease — Duration indefinite

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H L Willemsen M.D.

Address 1701 Eutaw Pl

Date signed 1/21 1942

VS 3

H L Willemsen M.D. Asst Medical Examiner

F 88331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 88331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore
(c) ~~Hospital or institution:~~
1826 Wilkens Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

1941

3 (a) FULL NAME Mary Magdaline Hankey

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John N. Hankey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/26/1870

8. AGE: Years	Months	Days	If less than one day
71	5	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Margaswick
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Schook
15. Birthplace Germany

16 (a) Informant John N. Hankey
(b) Address 1826 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Sickner & Sons
(b) Address North & Fa. Ave. Huntingdon Williams, M.D.

19 (d) JAN 21 42 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1942, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1941, to Jan 18 1942 and that I last saw h[illegible] alive on Jan 18 1942

Immediate cause of death Carcinoma of Intestine — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 10 1941

Major findings of operation: Carcinoma Top of entire intestine

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagrotta M. D.
Address 1729 W. Lombard St. Date signed 1/20/42

VS 3

F 88332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2656 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2656 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Pfister

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Louisa A. Pfister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/1865

8. AGE: Years	Months	Days	If less than one day
76	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Janitor
11. Industry or business

FATHER
12. Name Ferdinand Pfister
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Mueller
15. Birthplace France

16 (a) Informant Miss Margaretha Pfister
(b) Address 2656 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) Filed by registrar 1-21-42 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Jan 19, 1942 and that I last saw him alive on Jan 18, 1942.

Immediate cause of death	Duration
Coronary Failure	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Pfister M. D.
Address 3432 Frederick Ave Date signed 1/20/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution:
Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E 38 St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Hall

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Alice J. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1867

8. AGE: Years	Months	Days	If less than one day
74	3	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Shoe Salesman

FATHER
12. Name Unknown
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Alice Arlow
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Carrie E. Thompson
(b) Address 2794½ Tivoly Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (Date received by Local Registrar) JAN 21 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 1-19 1942 and that I last saw h[illegible] alive on 1-18 1942

Immediate cause of death: Bronchopneumonia — Duration
Due to Cerebral Hemorrhage
Due to Cardio Vascular Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Longshore M. D.
Address 1118 Eden St. Date signed 1/19/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 88334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88334 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Eutaw Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Eutaw Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Catherine Schroeder

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Justus H. Schroeder | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1858

8. AGE: Years 83 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Peter Rost

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Yeager

15. Birthplace Germany

16 (a) Informant Mrs. Catherine M. Reich

(b) Address 2100 Eutaw Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location

18 (a) Funeral director John J. Tipken & Sons

(b) Address Harlem & Pa. Aves.

19 (a) JAN 21 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1941 to Jan 11 1942 and that I last saw her alive on Jan 11 1942.

Immediate cause of death: Cerebral hemorrhage 20 min. — Duration

Due to: Hypertension

Due to: Adv. arteriosclerosis

Other Conditions: Nephrosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Bagby M.D.

Address 6077 Hanford Rd Signed 1/20/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 88335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Bank St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Bank St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecilia M. Flaherty

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1877

8. AGE: Years	Months	Days	If less than one day
64	3	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael Flaherty
13. Birthplace Ireland

MOTHER 14. Maiden Name Cecilia King
15. Birthplace Ireland

16 (a) Informant Miss Margaret Flaherty
(b) Address 2103 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Lyons & Sons
(b) Address Hollins & Ca. Ave.

19 (a) JAN 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death [redacted]
Diabetes Mellitus — Duration [illegible] yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 1/19/42

VS 6

F 88336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-D

F 88336

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 E. Fleet St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2521 E. Fleet St.
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Meyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M

5. Color White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar. 14-1888

8. AGE: Years 53 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business Bay Line

FATHER
12. Name Lambert B. Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine A. Mutter
15. Birthplace Germany

16 (a) Informant Nicholas Meyer
(b) Address 2521 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-42 (day) (year)
(c) Cemetery or crematory New Cath
Location Old Frederick Rd

18 (a) Funeral director John A. McMann
(b) Address 305 E. Biddle St

19 (a) JAN 21 1942 Huntington Pittsburgh, Pa.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/1942 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to Jan. 1942 and that I last saw him alive on Jan 19 1942.

Immediate cause of death
Carcinoma of Stomach

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration
14 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence W. LeBoutillier

Address 601 N. Edmondson Ave. Date signed 1/20/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2703 Edmondson Ave; 88337 to Gimbel -10:30 AM.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 88337 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Dukeland Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Dukeland Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

16

3 (a) FULL NAME Elizabeth Russ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Emil Russ
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 3-1889

8. AGE: Years	Months	Days	If less than one day
53	10	17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Alice McGrown
15. Birthplace Unknown

16 (a) Informant Emil Russ
(b) Address 612 Dukeland Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Marine Cooke Suffer
(b) Address 1600 W. North Ave.

19 (a) JAN 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1942, at 10 39 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1940 to 1-20 1942 and that I last saw h[illegible] alive on 1-19 1942

Immediate cause of death
Uremia
Broncho-pneumonia
Due to
Coronary Thrombosis
Due to
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 Wks
2 days
3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry S. Gimbel M. D.
Address 2703 Edmondson Date signed 1-21-42

VS 8

F 88338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

F 88338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Light Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Abraham Michael

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1887

8. AGE: Years 54 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation oyster man

11. Industry or business

FATHER
12. Name Abrahem Michaell
13. Birthplace Turkey

MOTHER
14. Maiden Name Gertrude ?
15. Birthplace Turkey

16 (a) Informant Self
(b) Address 215 N Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Allen W Bergey
(b) Address 1440 E north Ave

19 (a) JAN 22 1942 (b) Huntington Nelligan, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28/41 19 to 1/18/42 19, and that I last saw h[illegible] alive on 1/18/42 19

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Steven M. D.
Address Mercy Hospital Date signed 1/19/42

Please answer all questions in every case if the information is known or can be ascertained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 St. Paul street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET S. WEIR

3 (b) If veteran, name war -----
3 (c) Social Security Account No. -----

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ----
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1865
8. AGE: Years 76 | Months 10 | Days 24 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name David Weir
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Kieran
15. Birthplace Ireland

16 (a) Informant Miss Georgia Weir
(b) Address 1001 St. Paul street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. H. Dauel & Son Inc.
(b) Address 118 W. Mt. Royal Ave.
(c) Filed (month) (day) (year) (b) Thurlington Williams, M.D. Registrar

JAN 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942 at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to Jan 19 1942 and that I last saw h[illegible] alive on 1-19 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. P. Johnson M. D.
Address 403 Medical Arts Bldg. Date signed 1-21-42

Physicians are especially important. Physicians: please write the causes of death clearly and legibly.

F 88340

F 88340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Schley

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph Schley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1859

8. AGE: Years 82 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Robert C Weeks

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Sarah Marshall

15. Birthplace Cambridge Md

16 (a) Informant Otto R Mosher

(b) Address 2211 Rogers

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem Location Harford Co Md

18 (a) Funeral director Wm Cox

(b) Address 1217 Eutaw St

19 (a) Filed JAN 23 1942 (Date filed by registrar) (b) Registrar Huntington Williams, M.D. Address 700 N. Fulton Ave Date signed 1/24/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1941 to Jan 19 1942 and that I last saw h-r alive on Jan 17 1942

Immediate cause of death Arteriosclerosis — Duration

Due to Cardio-vascular Disease

Due to

Other Conditions Fracture left Femur (surgical neck) (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Sept 20, 1941 at P M

(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury Fell on floor -

23. Signature Jno E Shannon MD M. D.

Wm D. Prefroth MD per H.L. Wollenweber MD assistant

VS 3

F 88341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred C. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-8395

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Elma Davis
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 26 1875

8. AGE: Years	Months	Days	If less than one day
66	8	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Old Oaks Dairy
11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Millicent Walmsley
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Elma Davis
(b) Address 1019 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.

19 (a) Huntington Williams M.D.

JAN 21 1942

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1942, at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Jan 20 1942 and that I last saw him alive on Jan 20 1942

Immediate cause of death	Duration
Acute Dilatation Heart	3 days
Due to Arteriosclerosis Heart	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Walker M.D.
Address Franklin Square Hospital Jan 21 1942

F 88342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Riverside Rd (If rural give location) Brooklyn
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florida (Flora) L. Harrison

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife John R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1861

8. AGE: Years	Months	Days	If less than one day
80	2	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Adolphus Bullock
13. Birthplace Virginia

MOTHER
14. Maiden Name Leanah Jones
15. Birthplace Virginia

16 (a) Informant Mrs. Bonnie B. Keys
(b) Address 111 Riverside Rd Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) JAN 21 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 at 1/2 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture, left hip	
Coronary arteriosclerosis	
Due to heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/19/42 at M
(c) Where did injury occur? 111 Riverside Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fall down steps

23. Signature H. Howard Strong M.D. Medical Examiner
Date signed 1/19/42

V8 6

F 88343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 88343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Jackson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM E. ALLEN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary White

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 17, ~~1888~~ 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50 ~~57~~	7	3		1891

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Isaac L. Allen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan R. Waters,
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 1942 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) (Date received) JAN 21 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 19 42, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1942, to Jan. 20, 1942, and that I last saw him alive on Jan. 20, 1942.

Immediate cause of death	Duration
General Peritonitis	2 days
Due to Perforation of colon	5 days
Due to Carcinoma of colon	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 1/20/42

F 88344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3-a

F 88344 Registered No.

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand R. Pinkett

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-9477

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Lottie Pinkett
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec 14th 1885

8. AGE: Years	Months	Days	If less than one day
56	1	5	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Isaiah Pinkett
13. Birthplace Md

MOTHER
14. Maiden Name Emma Brooks
15. Birthplace Md.

16 (a) Informant Myrtle Smallwood
(b) Address 1723 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md.

18 (a) Funeral director Bryant-Francis K. Knight
(b) Address 72 Talequith St

19 (a) Huntington Williamsport

JAN 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 19 1942 and that I last saw h alive on Jan 19 1942

Immediate cause of death
Acute Cerebral Apoplexy
Due to
Due to Renal
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

Duration
Jan 16 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo. S. Allen M.D.
Address 121 Dugan Ave Date signed 1-21-42

F 88345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution:
Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie McKenna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife John J. McKenna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1868

8. AGE: Years 73 | Months 5 | Days 30 28 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation housewife-retired

11. Industry or business

FATHER
12. Name Christian Heimiller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Minna Bischen
15. Birthplace Germany

16 (a) Informant John Dressel
(b) Address 2703 Orleans Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery ~~Orchestratory~~ Baltimore
Location North & Milton Aves.

18 (a) Funeral director John J. Mitchell & Son
(b) Address 1800 Reed Place

19 (a) JAN 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1942, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1942, to Jan. 19 1942, and that I last saw her alive on Jan. 19 1942

Immediate cause of death Coronary Occlusion — Duration hr. days

Due to Coronary Arteriosclerosis with Bundle Branch Block — years

Due to — years

Other Conditions Obesity — years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Garis M.D.

Address 700 Cathedral St. Date signed 1/21/42

Correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

F 88346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Highland (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Myers "B"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1941

8. AGE: Years | Months: 1 | Days: 14/15 | If less than one day: hr. min.

9. Birthplace Highland - Howard Co. Md. (Town, county, and state)

10. Usual Occupation (from Town A")

11. Industry or business

FATHER
12. Name William Myers
13. Birthplace Md.

MOTHER
14. Maiden Name Mildred Wilson
15. Birthplace Md

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 21 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1942, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1942 to 1-17 1942 and that I last saw h alive on 1-17 1942

Immediate cause of death: Death gastro enteritis Bacteroides pneumonia — Duration: 1 wk 2 days

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly M. D.
Address Univ. Hospital Date signed 1-18-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

6992

F 88347

BALTIMORE CITY HEALTH DEPARTMENT ✓ 13-B F 88347

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LLOYD DUNNING ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 JAN 21 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1942 at 5 25/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said 's (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic pulmonary tuberculosis	
Due to	
Due to	
Other Conditions Chronic alcoholism (Include pregnancy within 3 months of death)	

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-12-42

VS 6

6951

F 88348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 88348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Streets
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
942 Leadenhall Street
(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dolores Irene Graham (Birth F- 41834)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 12-28-41
8. AGE: Years | Months | Days 17 16 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Gambrill
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Rosie E. Graham
15. Birthplace Durham, North Carolina

16 (a) Informant Rosie E. Graham
(b) Address 942 Leadenhall Street

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1942

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) JAN 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942 to 1/13 1942, and that I last saw her alive on 1-13 1942.

Immediate cause of death
Prematurity
Fetal Atelectasis
Broncho-pneumonia.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Kerns. M.D.
Address University Hospital Date signed 1/13/42

VS 3

6990

F 88349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-13-B

F 88349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1211 da
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 St. Matthews St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Williams 37305

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1896

8. AGE: Years	Months	Days	If less than one day
45	9	19	hr. min.

9. Birthplace Ky. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Cuba

MOTHER
14. Maiden Name Alice Sims
15. Birthplace Ky

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Shanley ave

19 (a) JAN 21 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1942, at 3:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1938, to Jan 17 1942, and that I last saw him alive on Jan 17 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 9½ yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp Date signed 1-19-42

F 88350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-E

Registered No. E 88350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 249 Bethel Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 Bethel Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1890

8. AGE: Years 51 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER 12. Name Not Known
13. Birthplace

MOTHER 14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Sarah Graham
(b) Address 249 Bethel Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Rd

19 (a) JAN 21 1942 (Date registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942, at 10:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1942 to 1-19-1942 and that I last saw living on 1-19-1942.

Immediate cause of death: Bronchial Pneumonia — Duration 7 Days
Due to: Acute Rheumatic Fever and Bronchitis — 18 Days
Due to: Exposure
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake, M. D.
Address 1627 N. Central Ave

VS 3

1-20-42

F 88351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2133 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Kathryn Schalizeki

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-3094

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank C. Schalizeki
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 2 - 1902
8. AGE: Years 39 Months 4 Days 17 If less than one day hr. min.
9. Birthplace Camden N. J. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Connelly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lilly Kaufman
15. Birthplace Balto. Md.

16 (a) Informant Frank C. Schalizeki
(b) Address 2133 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 - 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director George L. Sapirstat
(b) Address 710 Fulton Ave

19 JAN 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942 at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1942 to 1-19 1942 and that I last saw her alive on 1/19 1942

Immediate cause of death
Uremia — Duration 3 d.
Due to
Chronic nephritis — Duration 2½ mos.
Due to
Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Groth M. D.
Address WBGH Date signed 1-19-42

E 88352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3

F 88352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Wilkens Choice Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME John J. Grimes

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Mrs. Elizabeth Grimes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 8, 1913

8. AGE: Years	Months	Days	If less than one day
28	9	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business Balto City

FATHER
12. Name John Grimes
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lillian Dorsey
15. Birthplace Maryland

16 (a) Informant Mrs. E. J. Grimes
(b) Address Wilkens Choice Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Tom J. Dickson & Sons
(b) Address North Ave & Eutaw

19 (d) JAN 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1942 at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1942 to 1-21 1942 and that I last saw him alive on 1-21- 1942

Immediate cause of death	Duration
Pulmonary edema	12 hrs.
Due to Bronchopneumonia	48 hrs.
Due to Chronic nephritis	84 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Reisenweber, M.D. M. D.
Address Catonsville Md. Date signed 1/21/42

VS 1

88353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 F 88353

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 624 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DONNA REGINA SEEFRED

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 6, 1916
8. AGE: Years 25 Months 1 Days 15 If less than one day hr. min
9. Birthplace Ohio Youngstown (Town, county, and state)
10. Usual Occupation R. Nurse
11. Industry or business
FATHER 12. Name Doyle Seefred
13. Birthplace Ohio
MOTHER 14. Maiden Name Unknown
15. Birthplace ?
16 (a) Informant Hospital Records
(b) Address
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-21-42 (month) (day) (year)
(c) Cemetery or crematory
Location Youngstown Ohio
18 (a) Funeral director Wm. Dickerson
(b) Address North Howard St. Balto.
19 (a) JAN 21 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1942, at 2 25 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning in bathtub — Duration
Due to: Epilepsy
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 21, 42 at 11 P. M
(c) Where did injury occur? Bathroom home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Drowned during epileptic seizure

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 1-21-42

VS 6

M. D. B. 1936-9

Social Security Number 216-05-2202 ✓

88354 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 88354

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 E Federal St., 8 - W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clarence E Ryle

(a) Residence: No. 2311 Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel I Ryle

6. DATE OF BIRTH (month, day, year) Dec 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

FATHER

13. NAME Edward E. Ryle

14. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

MOTHER

15. MAIDEN NAME Sarah E. Bortle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mabel I. Ryle
(Address) 2311 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 23, 1942

19. UNDERTAKER Frederick H. Doly
(Address) 1700 W Lombard St.

20. JAN 21 1942 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-42, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-20 19 42 to 1/20 19 42

I last saw him alive on 1-20 19 42. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Major	1/20/42

Other contributory causes of importance:

Myocardial Insufficiency	Chronic

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Daniel Miller M. D.

1/21/42 (Address) 1500 E Edward

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

88355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 88355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 N. Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Yvonne Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 30-1937

8. AGE: Years	Months	Days	If less than one day
4	5	19	hr. min.

9. Birthplace Balto City (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Frank Jones
13. Birthplace Va

MOTHER
14. Maiden Name Ethel Rich
15. Birthplace Balto City

16 (a) Informant Ethel Jones
(b) Address 938 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Jan 23 (day) (year) 194[illegible]
(c) Cemetery or crematory Int Calvary Cem
Location A. A. Co Md

18 (a) Funeral director Robert E Williams
(b) Address 15-15 McElderry

19 (a) (Signature of undertaker) (b) Huntington Williams, M.D.

JAN 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1942, at 1.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection + Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock -
Due to 2nd + 3rd degree burns - involving 3/4 of entire body
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-17-42 at 2.50 P M
(c) Where did injury occur? 938 N. Wolfe Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify home or place) While at work? No
(e) Means of injury Clothes caught fire by hot coals

23. Signature Howard J. Holden M.D. Medical Examiner
Date signed 1-20-42

F 88356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3848 Quarry Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3848 Quarry Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Bell

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Widower

6 (b) Name of husband or wife Martha Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1868

8. AGE: Years	Months	Days	If less than one day
73	11	14	hr. min.

9. Birthplace Charles Co, Md. (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Henry Bell
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia ?
15. Birthplace Maryland

16 (a) Informant Mrs. Janet Edia Velazo
(b) Address 3848 Quarry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wilhelm Bros
(b) Address 217 E Pratt St

19 (a) JAN 22 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1942 at 9:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14th 1942 to Jan 19th 1942 and that I last saw him alive on Jan 19th 1942

Immediate cause of death Pulmonary Edema — Duration 12 hrs
Due to Cerebral Hemorrhage — 5 days
Due to arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Sanders M. D.
Address 11 W. Mulberry Date signed 1/20/42

VS 3

F 88357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 88357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2844 N. Calvert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Welch Sweeny

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis F Sweeny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1859

8. AGE: Years 82 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Henry Welch
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Lord Wood
15. Birthplace Roxbury Mass

16 (a) Informant Mrs Florence F Sweeny
(b) Address 315 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilhoyte Co Inc
(b) Address 1217 E Fayette St

19 (a) JAN 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1938 to 1-21 1942, and that I last saw her alive on 1-21 1942.

Immediate cause of death: lobar pneumonia — Duration 4 days

Due to:

Due to:

Other Conditions hypertension — Duration 10+ years

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Randolph L. Smith, Jr. M.D.
Address 1814 St Paul St Date signed 1/21/42

VS 3

88358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 88358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 N. Monroe St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robinson, William

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-3185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
29	8	19	hr. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Wm Robinson
13. Birthplace Va

MOTHER
14. Maiden Name Emily Hunt
15. Birthplace Va

16 (a) Informant Deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkland
Location Parkville Md

18 (a) Funeral director Baltimore City
(b) Address 2100 Eastern Ave

19 (a) Filed JAN 26 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1942, at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 4 1942, to Jan. 20 1942 and that I last saw h[illegible] alive on Jan. 20 1942.

Immediate cause of death: Uremia Nephritis
Hypertensive C-V Disease — Duration

Due to

Due to

Other Conditions Uremia
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Thompson M. D.
Address University Hospital Date signed 1-31-42

F 88359
MA 71216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓108

F 88359
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shepard Potter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Adaline Potter (d)
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) ? ? 1886?

8. AGE: Years 76? Months Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Potter (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Liza Williams (d)
15. Birthplace Virginia

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem. Location Baltimore, Md.
18 (a) Funeral director Mr. Francis A. Hemsley
(b) Address 578 W. Biddle St.
19 (a) JAN 22 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1942 at 9 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1942 to 1-18 1942 and that I last saw h[illegible]alive on 1-18 1942

Immediate cause of death: Pneumococcal meningitis — Duration: ?
Due to: Lobar pneumonia — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward K. Cockburn M. D.
Address Balto. City Hosp. Date signed 1-21-42

F 88360 F 88360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1142 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Flossie Rice

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	C	Widow

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/15/1887

8. AGE: Years	Months	Days	If less than one day
54	4	5	hr. min.

9. Birthplace Winston-Salem, N.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Caldwell
13. Birthplace Winston Salem, N.C.

MOTHER
14. Maiden Name Mary
15. Birthplace Winston Salem, N.C.

16 (a) Informant Mabel Truesdale (S)
(b) Address 1142 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles H. Corfer
(b) Address 514 N. Calhoun St.

19 (a) (Date) JAN 26 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20th, 1942, at 1:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 20 1942, and that I last saw her alive on Jan 20 1942.

Immediate cause of death Acute Pneumonia — Duration

Due to

Due to

Other Conditions Influenza
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas C Carfer M. D.
Address 1016 S. Stemp, Date signed 1-21-42

F 88361 JN 15775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88361

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 788 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Gunter

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Tom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?/?/1888

8. AGE: Years	Months	Days	If less than one day
54	-	-	hr. min.

9. Birthplace Accomac County, Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Levi Custus
13. Birthplace Accomac County, Va.

MOTHER
14. Maiden Name Ann ?
15. Birthplace Va.

16 (a) Informant Balto. City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County, Md.

18 (a) Funeral director Charles Harper
(b) Address 514 N Calhoun St.

19 (a) JAN 22 1942 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1942, at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-19 1942 and that I last saw h[illegible] alive on 1-19 1942.

Immediate cause of death Bronchopneumonia — Duration 1 week
Due to Generalized Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H Rathbun M. D.
Address Balto City Hosp Date signed 1-21-42

F 88362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 88362
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margie Viney (Birth F- 33861)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/41

8. AGE: Years | Months: 5 | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name John Viney
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosanna Savage
15. Birthplace Maryland

16 (a) Informant Rosanna Savage
(b) Address Baltimore, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 718 Druid Hill Ave

19 (a) JAN 22 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1942, at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 20 1942 and that I last saw her alive on Jan 20 1942

Immediate cause of death: atelectasis, Pulmonary — Duration

Due to Acute laryngo-tracheo-bronchitis

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp M. D.
Address Univ. Hospital Date signed 1-30-42

VS 8

F 88363 Heathe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-N

F 88363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 Pennsylvania Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aldora Heathe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married.

6 (b) Name of husband or wife Frank Heathe
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) October - 1867

8. AGE: Years	Months	Days	If less than one day
73 74 yrs.	3		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation 1403 Pennsylvania Ave.
11. Industry or business

FATHER
12. Name Charles Hammond.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Aldora Stella
15. Birthplace Baltimore, Md.

16 (a) Informant Decatur Hammond (Son)
(b) Address 1403 Pennsylvania Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holtzclaw
(b) Address 918 Druid Hill Ave

19 (a) JAN 22 1942 (b) Washington, Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20 1942, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 41 to 1/20 19 42, and that I last saw her alive on 1/19 19 42.

Immediate cause of death: Cerebral Hemorrhage
Nephritis 3 days
Due to Uremia
Hypertension 1 yr.
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
8 hrs.
1 yr.
3 days
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Louis Young M. D.
Address 1100 Druid Hill Ave Date signed 1/20 42

F 88364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-B

F 88364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 N. Howard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 N. Howard st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Simpson Pickering

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jane Rogers Pickering
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31 1867

8. AGE: Years	Months	Days	If less than one day
74	2	20	hr. min.

9. Birthplace England (Town, county and state)
10. Usual Occupation Collector & Antiquer
11. Industry or business

FATHER
12. Name Pickering
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Harry Hazelip
(b) Address 3504 Woodlea Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Pleasant St.

19 (a) JAN 22 1942 (Date received by Registrar)
Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to Jan 20 1942, and that I last saw him alive on Jan 18 1942.

Immediate cause of death angina pectoris

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Jan 20 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. R. Trautman M. D.
Address 1123 St. Paul St. Date signed 1-22-42

VS 2

F 88365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 6

F 88365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 N. Pearl Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Pearl St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Augustus Smoot

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-20-0300

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1918

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Florence S C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Cate Pam Rubber Heel Co

FATHER
12. Name Edmond Smoot
13. Birthplace Florence S C

MOTHER
14. Maiden Name Rosa Jones
15. Birthplace S C

16 (a) Informant Edmond Smoot
(b) Address 706 W Gladstone St Florence S C

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory, Union Cem-
Location Florence S C

18 (a) Funeral director Williams & Jackson
(b) Address 216 Pearl St Florence, S C

19 (a) JAN 22 1942 (Date rec'd by registrar) (b) Huntington Williamsville, Md. Registrar

MEDICAL CERTIFICATION ✓

20. DATE OF DEATH Jan 19 1942 at 10a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhagic gastro-enteritis	
Due to Subarachnoid hemorrhage	
Due to Pneumococcic Diphtheria	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandegrift M.D. Medical Examiner.
Date signed 1/12/42

VS 6

F 88366 × F 88366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Brookwood Rd., Hunting Ridge
(c) Hospital or institution: HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) -------
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County -------
(c) City or town City of St. Louis (If outside city or town limits, write RURAL and give town)
(d) Street No. 5049 Lansdowne Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country **********

3 (a) FULL NAME BENEDICT LOEVY

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife May C. Loevy
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1860

8. AGE: Years	Months	Days	If less than one day
81	1	23	..... hr. ..... min.

9. Birthplace St. Louis, Missouri (Town, county, and state)
10. Usual Occupation U. S. Post Office
11. Industry or business (Retired)

FATHER
12. Name Adolph Loevy
13. Birthplace Bohemia (?)

MOTHER
14. Maiden Name Caroline Boehm
15. Birthplace Bohemia (?)

16 (a) Informant Mrs. May C. Loevy (wife)
(b) Address 602 Brookwood Rd. Hunting Ridge

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 23-1942 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln Cemetary
Location Bladensburg, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address (W. F. Wooden, Suc.) 108 W. North Ave.

19 (a) JAN 22 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 42 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1941, to Jan 20 1942 and that I last saw him alive on Jan 20 1942

Immediate cause of death ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration ?
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations .....
of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Edward F. Bolean M. D.
Address 6 Burgess Avenue Date signed 1-21-42

F 88367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Redwood & Greene Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4240 Norfolk Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sandra Caplan (Birth F 41072)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17 1940

8. AGE: Years	Months	Days	If less than one day
	1	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ralph Caplan
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Lillian Herman
15. Birthplace Baltimore

16 (a) Informant Ralph Caplan
(b) Address 4240 Norfolk ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Randale
Location Hamilton ave

18 (a) Funeral director Sol Kweskin Sons
(b) Address 424-26 W North ave

19 JAN 22 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21/42 19 at 11 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/42 19 to 1/21/42 19 and that I last saw him alive on 1/21/42 19

Immediate cause of death Bronchopneumonia — Duration 7

Due to

Due to

Other Conditions Septicaemia Pneumothorax (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Stecoe M. D.
Address University Hosp. Date signed 1/22/42

VS 2

F 88368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 88368
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6700 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Poland

3 (a) FULL NAME CATHERINE WYBORSKI F-34439

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/28/41

8. AGE: Years Months Days If less than one day hr. min.
4 3 24

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Agnes Wyborski
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs Agnes Wyborski
(b) Address Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Location Govans Md Rd-Balto Co

18 (a) Funeral director Joshua J. Gahan & Sons
(b) Address 213 N. Eutaw St

19 Filed 1-22-1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1942 at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1942 to 1-21 1942 and that I last saw alive on 1-21 1942

Immediate cause of death: Meningitis, pneumococcus — Duration 2 days

Due to: Bronchopneumonia

Due to:

Other Conditions: Hemolytic anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: W

of autopsy: Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp M. D.
Address Univ. Hospital Date signed 1-21-42

VS 1

F 88369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

13-3

3 (a) FULL NAME Virginia Jessup 70517

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20, 1920

8. AGE: Years	Months	Days	If less than one day
21	8	29	hr. 5 min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert
13. Birthplace N.C

MOTHER
14. Maiden Name Propts
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary 1/23/42
Location Baltimore Md
18 (a) Funeral director Joseph F Russ
(b) Address 1346 N Carey
19 (JAN 22 1942) Hunting for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942, at 7:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1941 to Jan 19 1942 and that I last saw h alive on Jan 19 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 1-20-42

VS 2

F 88370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88370 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 E 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E 22nd St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME William R Nichols Sr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-9505

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lula Taylor
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76	—	—	hr. min.

9. Birthplace Laurel Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Telephone

FATHER
12. Name William Nichols
13. Birthplace Laurel Md

MOTHER
14. Maiden Name Elizabeth Ridgely
15. Birthplace Laurel Md

16 (a) Informant H Nichols
(b) Address 511 E. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Loraine 1-22-1942
Location —

18 (a) Funeral director J. Luston Weadefield
(b) Address 501 E. 32nd St

19 (a) (Date received by registrar) (b) JAN 22 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/1942 at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1941 to Jan 19 1942 and that I last saw h— alive on Jan 18 1942

Immediate cause of death	Duration
Coronary Occlusion	2 hours
Due to Coronary Sclerosis	6 mos
Due to Arteriosclerosis	2 yrs
Other Conditions Gangrene of right leg	3 days

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Huntington Williams M.D.
Address 532 E 22nd St Date signed 1/21/42

F 88371 × F 88371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
Street No. Frederick Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Nicholson (Anne)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, year) Jan. 15, 1942
8. AGE: Years 0 | Months 0 | Days 6 | If less than one day hr. min.
9. Birthplace Ellicott City Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business
FATHER 12. Name Edw. Nicholson
13. Birthplace Maryland
MOTHER 14. Maiden Name Anne Hammond
15. Birthplace Maryland
16 (a) Informant Mrs. M. Hammond
(b) Address Ellicott City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Taylor Family Cem Location Pine Orchard
18 (a) Funeral director Easton Home
(b) Address Ellicott City
19 (a) JAN 22 1942 (Registrar's signature) Huntington Hilleary, M. D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1942, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1942 to Jan. 21 1942 and that I last saw h[illegible] alive on Jan. 21 1942

Immediate cause of death
Peritonitis
Due to Ruptured Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Peritonitis & ruptured Stomach

Duration
1 day
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Bertha, M. D.
Address Provident Hospital Date signed Jan 21/42

VS 3

F 88372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88372

Registered No.

MC(71256)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Woodyear
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Bocker Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Henry Boll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1883

8. AGE: Years	Months	Days	If less than one day
58	6	16	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Coast Guard
11. Industry or business

FATHER
12. Name Peter Boll
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Stewart
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Monroe St.

19 (a) JAN 22 1942 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1942 to 1-18 1942, and that I last saw h[illegible] alive on 1-18 1942.

Immediate cause of death: Lobar pneumonia — Duration 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Calhoun M. D.
Address Balto. City Hosp. Date signed 1-21-42

F 88373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 88373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, Ave.
(c) Hospital or institution:
Baltimore city hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Madison, st. (Past) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Rehling (August Rehling)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife MARY REHLING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1863

8. AGE: Years	Months	Days	If less than one day
78	9	4 5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business various

FATHER
12. Name Chais Rehling
13. Birthplace Germany

MOTHER
14. Maiden Name ? ?
15. Birthplace Germany

16 (a) Informant Baltimore city hospitals Rec.
(b) Address 4940 eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location O'Donnell St.

18 (a) Funeral director Lilly & Zeilenhe
(b) Address 403 S. Wolfe St.

19 (a) 1-22-42 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1942, at 8'P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30 1941 to 1-20 1942, and that I last saw h alive on 1-20 1942.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Generalized arteriosclerosis — 7
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 1-22-42

VS 2

F 88374 HINRICHS ✓ F 88374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Brohawn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2503 Brohawn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Hinrichs

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-7623

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen L. Hinrichs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/1879

8. AGE: Years 62 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business F. A. Davis

FATHER 12. Name John William Hinrichs

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Theiler

MOTHER 15. Birthplace Md.

16 (a) Informant Mrs. Helen L. Hinrichs

(b) Address 2503 Brohawn Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore, Md.

18 (a) Funeral director Wm. Sickles & Sons

(b) Address North & Pa. Ave.

19 (a) (b)

JAN 22 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1941, to Jan. 20 1942, and that I last saw him alive on Jan 19 1942.

Immediate cause of death

Coronary Thrombosis

Due to Coronary Sclerosis

Due to Chronic Nephritis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature V. E. Spitznagle, M.D.

Address Landsdowne, Md. Date signed 1/21/42

DR. VERNON E. SPITZNAGLE
LANSDOWNE, MD.

F 88375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88375

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
Ba ltimore
(b) Street address
(c) Hospital or institution: 3127 Woodland Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET WEBSTER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William B. Webster Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/16/1868

8. AGE: Years 73 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Lithtman
13. Birthplace: Germany

MOTHER
14. Maiden Name
15. Birthplace: Germany

16 (a) Informant: Mrs. Marguerite Eltermann
(b) Address: 4609 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner and Sons., Inc.
(b) Address: North and Pa. Aves.

JAN 22 1942 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH January 21 1942, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1937 to Jan 21 1942, and that I last saw him alive on Jan 19 1942.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to: Myocarditis — 1 yr.

Due to: Arteriosclerosis — 5 yrs.

Other Conditions: Cataracts — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank L. DeBarbieri M. D.
Address 4723 Park Heights Ave. Date signed 1/22/42

Waiting for Webster, Md.

DR F.L. DeBARBIERI

F 88376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60

F 88376
Registered No.

Please fill in all items, print, write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave Mod Bet St.
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs MARY F SIMMONS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife: Wm. A. Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1871

8. AGE: Years	Months	Days	If less than one day
70	11	27	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Kenia Asbury
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda
15. Birthplace Maryland

16 (a) Informant Mrs. D. S. Horn
(b) Address 525 Forrester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Wm. J. Ecker & Sons
(b) Address North & Pa. Aves.

19 JAN 22 1942 Interred by Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942 at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] alive on Jan 21 1942.

Immediate cause of death: Carcinoma of Breast & metastasis — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams A. Jones M.D.
Address 1 Md. General Hosp. Date signed 1/31/42

VS 3

E. 88377

BALTIMORE CITY HEALTH DEPARTMENT ✓ 35 Registered No. E 88377

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOYCE HAWKINS ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 - 41

8. AGE: Years	Months	Days	If less than one day
1		5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Irving A. Hawkins
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Dorothy Wharton
15. Birthplace Balto. Md.

16 (a) Informant Dorothy Hawkins
(b) Address 907 W. Saratoga St. City

17 (a) Burial (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mr Kate R Williams
(b) Address 322 N. Schroeder St

19 JAN 22 1942 Kate Williams Funeral Director

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, Lobar	
Due to measles.	
Due to	
Other Conditions Ns	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Ns
of autopsy: Ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H R Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-24-42

VS 6

F 88378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

Registered No. F 88378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Patterson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 Yrs years

3 (a) FULL NAME GAETANO F. D'ANTONI

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Angela

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Oct. 16 1861

8. AGE: Years	Months	Days	If less than one day
80	3	4	hr. min.

9. Birthplace Cefalu' Italy
(Town, county, and state)

10. Usual Occupation Store kipper

11. Industry or business

FATHER
12. Name Francesco D'Antoni
13. Birthplace Cefalu' Italy

MOTHER
14. Maiden Name Concetta Maniscalco
15. Birthplace Cefalu' Italy

16 (a) Informant Angela D'Antoni (Wife)
(b) Address 4400 Patterson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 /42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) [illegible] (b) Huntington Williams M.D.
(Local registrar)

JAN 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20/42 19 , at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1942 to 1/20 1942 and that I last saw him alive on 1/14/42 19

Immediate cause of death
Cardio Renal
Vascular Disease
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 Yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Thacker M. D.
Address 4305 York Rd. Date signed 1/20/42

F 88379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 N Madeira Street
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 N. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT KORB

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Johanna

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Germany

MOTHER 14. Maiden Name unknown

15. Birthplace Germany

16 (a) Informant Johanna Korb

(b) Address 132 N Madeira

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore City

18 (a) Funeral director John M Weber

(b) Address 401 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942, at 8:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-24-42

Huntington Williams, Registrar

F 88380 BALTIMORE CITY HEALTH DEPARTMENT F 88380

CERTIFICATE OF DEATH 83-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 S. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 S. Bond Street
(If rural give location)
(If foreign born, how long in U. S. A.) 35 years

3 (a) FULL NAME Aleksandra Grabowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Adolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 Months Days If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Dzymanowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Peter Grabowski
(b) Address 1207 S. Ellwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (b) Huntington Williams, M.D.

VS 88 #15

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Jan. 1942 and that I last saw h[illegible] alive on Jan 20 1942.

Immediate cause of death
Cerebral Hemorrhage

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. LeGore

Address 601 S. Ellwood Ave Date signed 1/22/42 M.D.

F 88381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 260 S. Durham St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 260 S. Durham St (If rural give location)
Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Jurgelewicz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Frank Jurgelewicz
6 (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) 1881
8. AGE: Years 61 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nowicki
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Frank Jurgelewicz Jr.
(b) Address 308 S. Ann Street
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County
18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street
19 (a) (Delivery) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942, at 1 h M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1942 to Jan. 20 1942 and that I last saw h alive on Jan. 20 1942.

Immediate cause of death: TERMINAL BRONCHO-PNEUMONIA — Duration: JAN. 18
Due to: CEREBRAL HEMORRHAGE — JAN. 16
Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph F. Ozenga M. D.
Address 209 S. Chester St Date signed 1/21/42

Typewrite or print legibly with pen or pencil; please write the causes of death clearly and legibly.

F 88382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-1

F 88382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Chojnowski

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Pensioned

11. Industry or business Gas Electric Co.

FATHER
12. Name Nikodemus Chojnowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anastasia Gnatowska
15. Birthplace Poland

16 (a) Informant Catherine Chojnowski
(b) Address 837 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore Md.

18 (a) Funeral director John M. Weber
(b) Address 461 N. Chester Street

19 (a) (b) Huntington Ave Baltimore Md
(Name of Registrar)

MEDICAL CERTIFICATION 1050

20. DATE OF DEATH Jan 19 1942, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Jan 19 1942, and that I last saw h[illegible] alive on Jan 19 1942.

Immediate cause of death Hypertension
Arteriosclerotic C.V. Disease
Cerebral Hemorrhage — Duration 1-18-42

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 442 S. Port Ave Date signed 1-21-42

F 88383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-w

Registered No. F 88383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Bank St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Bank St (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BUJANOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Maryanna

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 79 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Thomas Bujanowski

13. Birthplace Poland

MOTHER 14. Maiden Name Agnes Kucprowicz

15. Birthplace Poland

16 (a) Informant Mrs. Jadwiga Ruthowska

(b) Address 1711 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore County

18 (a) Funeral director John M Welby

(b) Address 820 S. Chester Street

(Date rec'd by registrar) JAN 22 1942 (b) Huntingdon Station Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942 at 10:42 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

Duration of [illegible] No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmaker M.D.
Official Medical Examiner.
Date signed 1-24-42

VS 6

F 88384 JN 67469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 88384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert & Center Sts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Maxmillian Muth

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 217-09-6519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife Amelia
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 12, 1894 1893

8. AGE: Years	Months	Days	If less than one day
48	8	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrical Work
11. Industry or business Odd Jobs

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Huffman
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22/42 (month) (day) (year)
(c) Cemetery or crematory Bak. Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John L. Mallon
(b) Address 2334 Jefferson St.

19 (a) JAN 22 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1942 at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1942 to 1-20 1942 and that I last saw him alive on 1-20 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	15 seconds
Due to Hypertension C.V. disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-21-42

VS 3

F 88385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 88385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Lindon Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Hagerty.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Ida.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1861
8. AGE: Years 80 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Patrick Hagerty
13. Birthplace Ireland

MOTHER
14. Maiden Name Sara O'Neill
15. Birthplace Ireland

16 (a) Informant Sara Bibleheiser.
(b) Address 1632 Linden Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Old Frederick Rd
18 (a) Funeral director John A. Moran.
(b) Address 4301 Greenmount Ave.
19 (a) JAN 22 1942 (Signature of Registrar) Huntington Williams, M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from September 15 1941 to Jan 21st 1942, and that I last saw him alive on Jan 20th 1942.

Immediate cause of death Generalized Arteriosclerosis, Heart Disease (Cardiovascular Renal Disease)

Due to Generalized Arteriosclerosis

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration: 2 years; Years; 1 year

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lampton L. Keown M. D.
Address 1936 Eutaw Place Date signed 1-28-42

L. L. KEOWN

VS 3

F 88386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88386 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 Bishops Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 79 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Bishops Road
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Charles Joseph Landers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) ------- 1863

8. AGE: Years	Months	Days	If less than one day
About 79	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Wholesale Grain Merchant
11. Industry or business

FATHER
12. Name James Landers
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Caroline Gee
15. Birthplace Ireland

16 (a) Informant Miss Anna M. Landers
(b) Address 4 Bishops Road, Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) 7261 22 NAV (Date received by Registrar) Huntington Hollins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942, to Jan 21 1942, and that I last saw Kew alive on Jan 21 1942.

Immediate cause of death	Duration
Cardiac collapse	
Due to Coronary occlusion	
Due to arterio-sclerosis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Hayward M. D.
Address 116 E Eager St Date signed 1/23/42

VS 3

F 88387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 88387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lanvale Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. 25th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Martha S. Short

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Wm. P. Short
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1867

8. AGE: Years	Months	Days	If less than one day
75	0	21	20 hr. ___ min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew J. Shewbury
13. Birthplace Talbot Co. Maryland

MOTHER
14. Maiden Name Martha McCleary
15. Birthplace Baltimore Md

16 (a) Informant Wm. P. Short
(b) Address 38 E 25th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1400 Eutaw Place

19 (a) JAN 22 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 21 1942 and that I last saw her alive on Jan 21 1942

Immediate cause of death	Duration
Streptococcus Septicemia	1 wk.
Streptococcus pneumonia	
Due to	
Due to	
Other Conditions Diabetes Mellitus	?
Uremia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. DeVincentis M. D.
Address Mercy Hospital Date signed 1-21-42

VS 3

Please write plainly. Physicians, please write the CAUSES of death clearly and legibly.

88388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 Hawthorn Road
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Hawthorn Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnette I. Garver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1882

8. AGE: Years	Months	Days	If less than one day
59	5	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Daniel H. Garver
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Stouffer
15. Birthplace Md.

16 (a) Informant Donald H. Garver
(b) Address 205 Hawthorn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JAN 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 1942, to 1/21 1942, and that I last saw her alive on 1/21 1942.

Immediate cause of death: Coronary occlusion — Duration: 9 days
Due to arteriosclerosis — 9 yrs.
Due to Blood pressure — 10 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewey Caswell M. D.
Address 3902 Groveland Ave. Date signed 1/22/42

88389 #10890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

F 88389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Finksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Gamber Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Donald Richard Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-41

8. AGE: Years | Months: 5 yrs. 8 | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Chas. Smith
13. Birthplace Md.

MOTHER 14. Maiden Name Virgie Wetzel
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-42 (month) (day) (year)
(c) Cemetery or crematory Finksburg Cemetery
Location Carroll Co

18 (a) Funeral director J. F. Ellerslie & Sons
(b) Address Reisterstown Md.

19 JAN 23 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 2 58 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Jan 22 1942 and that I last saw him alive on Jan 22 1942.

Immediate cause of death Dehydration and collapse — Duration

Due to diarrhea & vomiting

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anna Fuchs M. D.
Address Johns Hopkins Hospital Date signed 1-22-42

VS 3

F 88390

F 88390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 E. Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto., Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 639 E. Clement St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John J.

(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) June 1. 1861

8. AGE: Years 80 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Reed
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Ann Hunter
15. Birthplace Balto., Md

16 (a) Informant Marie Grunzeman
(b) Address 639 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn, R. C.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 JAN 23 1942 Lemington Williams M.D. Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942, at 7.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1941 to Jan 22 1942 and that I last saw her alive on Jan 22 1942

Immediate cause of death: Cardio-Vascular Renal Disease — Duration 1 mo.
Due to (2) Uremia
(3) Hypostatic Pneumonia
Due to
Other Conditions Arthritis-deformans — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Lawrence M.D.
Address 436 E Fort Ave Date signed 1/24/42

VS 5

F 88391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88391 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2227 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 E. Chase St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Weintritt

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frank Weintritt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1873

8. AGE: Years 68 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business own home

FATHER
12. Name Andrew Rohl
13. Birthplace Germany

MOTHER
14. Maiden Name Bernardina Parker
15. Birthplace Germany

16 (a) Informant Frank Weintritt
(b) Address 1213 East North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md

18 (a) Funeral director Pellhorn & Son
(b) Address 1217 St Paul St

19 (a) (Date received by registrar) (b) [illegible]

JAN 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1941 to Jan 22 1942 and that I last saw her alive on Jan 15 1942

Immediate cause of death	Duration
Coronary Thrombosis	7 mos.
Due to Coronary Artery Disease	7 mos
Due to Hypertensive Cardiovascular Disease	5 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kent Grossman M. D.
Address 212 N. Patterson Pk Ave Date signed 1/22/42

VS 1

F 88392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 88392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 149 W. Henrietta St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

23-4

3 (a) FULL NAME Frederick Pitts

3 (b) If veteran, name war	3 (c) Social Security Account No.
Civil War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Lusetta Sawyer
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 10, 1851

8. AGE: Years	Months	Days	If less than one day
90	8	9	hr. min.

9. Birthplace Somerset County, Maryland
(Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business

FATHER
12. Name William Pitts
13. Birthplace ~~Kentucky~~ Virginia

MOTHER
14. Maiden Name Margaret
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 1-23-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaac L. Burns & Son
(b) Address 108 W Monument St

19 (a) (Date received by Local Registrar) JAN 23 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1942, at 8:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1942 to Jan. 19, 1942, and that I last saw him alive on Jan. 19, 1942.

Immediate cause of death	Duration
Lobar pneumonia	2 weeks
Due to	
Due to	
Other Conditions Parasappendix abscess; Papilloma of stomach--Unknown (Include pregnancy within 3 months of death)	Unknown

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Arthur, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/26/42

F 88393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 88393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-9936

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace S.C.

MOTHER
14. Maiden Name Julia Tucker
15. Birthplace S.C.

16 (a) Informant Hunter Williams
(b) Address 731 W Mulberry St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)

(c) Cemetery or crematory Manning
Location S. C.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date received by Registrar) (b) Hunting for Williams, M.D. Registrar

JAN 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1942 at 5 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said * find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/16/42 at 4 20 P M
(c) Where did injury occur? 680 W. Saratoga St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pistol - bullet wound

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/19/42

F 88394

409994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-P

F 88394

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State N. J. (b) County

(c) City or town Pleasantville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marcus B. Matson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Married	Minnie	38 years

7. Birth date of deceased (mo., day, yr.) 12/24/1900

8. AGE: Years 41 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Utah (Town, county, and state)

10. Usual Occupation Air transportation

11. Industry or business

FATHER

12. Name George H. Matson

13. Birthplace Iowa

MOTHER

14. Maiden Name Mary A. Powers

15. Birthplace Ireland

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem. Location New York City

18 (a) Funeral director John C. Mitchell Sons

Address 1800 Eastern Place

(Date rec'd by registrar) JAN 23 1942

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 22 1942 and that I last saw him alive on Jan 22 1942

Immediate cause of death

Dissecting aneurysm of the aorta rupturing into left pleural cavity

Due to Hypertensive Cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy: as above

Duration
24 Hrs
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) at M

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

25. Signature W. P. Longwood M.D.

Address Johns Hopkins Hospital Date signed 1/23/42

F 88395 VS 70620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F-88395 J

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, ave.
(c) Hospital or institution:
Baltimore city hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 harvien ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Mairano (Maiorana)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widowed

6 (b) Name of husband or wife concetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1863?

8. AGE: Years	Months	Days	If less than one day
79	?	?	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ? ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Baltimore city hospitals rec.
(b) Address 4940 eastern, ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Windefeld
(b) Address 914 Gunnwood Rd

19 (a) JAN 23 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1941, to 1-20 1942, and that I last saw him alive on 1-20 1942.

Immediate cause of death Myocardial infarct — Duration 5 days
Due to Thrombosis anterior coronaries — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rabbitt M. D.
Address Balto. City Hosp Date signed 1-21-42

88396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

F 88396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bay View Yards, B. & O. R.R.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 North Luzerne Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY W. ARO

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 205-07-9475

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 24, 1879

8. AGE: Years 62 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace: Balto Co Md (Town, county, and state)

10. Usual Occupation: Conductor

11. Industry or business: B & O R R

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Margaret H. Aro
(b) Address: 1309 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/24/42 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Annapolis Rd.

18 (a) Funeral director: H. W. & W. Dippel's Sons
(b) Address: 1400 Hanover St

19 (a) JAN 23 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1942 at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Crushing injury of Chest & Abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 36/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence January 22, 1942 at 7 A. M
(c) Where did injury occur? Baltimore, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury: Fell off moving train

23. Signature: H. H. Gruber M.D. Medical Examiner
Date signed 1/24/42

VS 4

88397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88397 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 S. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 426 S. Eden St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Zang

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Louis Zang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25 1855

8. AGE: Years	Months	Days	If less than one day
86	9	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name ~~Frederick~~ Herman G. ~~Ehrhart~~ Ehrhart
13. Birthplace Germany Rubart

MOTHER
14. Maiden Name Cath Rev Dohmen
15. Birthplace Germany

16 (a) Informant Sabina Hevll
(b) Address Huntsville, Ala.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location N. end of North Ave.

18 (a) Funeral director H. W. E. Dyer & Son
(b) Address Lemmon and Appo Sts.

19 (a) JAN 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1942, at 10 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10-42 19 , to 1-22-42 19 , and that I last saw h[illegible] alive on 1-22-42 19 .

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Cochran M. D.
Address 234 S. Carlton St. Date signed 1-23-42

VS 3

F 88398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

Registered No. F 88398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Lando

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-4970

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Felix Lando

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Operator of overalls
11. Industry or business Iron Rig Mfg. Co.

FATHER
12. Name Theodore Mayfrenty
13. Birthplace Galto, Md.

MOTHER
14. Maiden Name Helen S. Heredaiken
15. Birthplace Germany

16 (a) Informant Graham T. Mayfrenty
(b) Address 1519 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Galto, Md.

18 (a) Funeral director Francis Cook & Eyler
(b) Address 1600 W. North Ave

19 (a) JAN 23 1942 (Date received by Registrar) Huntington Williams, M (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. B. Shandley M.D. (Medical Examiner)
Date signed 1/22/42

VS 6

88399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2330 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Maggie R. Brown

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 10/?/1873

8. AGE: Years 68 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Not known
13. Birthplace " "

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Mrs Maggie R. Brown
(b) Address 2330 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 575 W. Biddle

19 (a) JAN 23 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1942 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 22 1942. and that I last saw h alive on Jan 22 1942.

Immediate cause of death (a) Hemorrhage Cerebral — Duration

Due to Uremia

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Jan 22 at 1 P. M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thos. J. Hamburger M. D.
Address 1201 S Bell Date signed 1-23-42

F 88400 F 88400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 24-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 E. Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hutchinson, Mason C.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9338

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mattie E. Hutchinson

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 8 1888

8. AGE: Years 53 | Months 7 | Days 4 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business Phenix Mfg. Co.

FATHER
12. Name Thomas Hutchinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Wheatley
15. Birthplace Germany

16 (a) Informant Mattie E. Hutchinson
(b) Address 412 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell St.

18 (a) Funeral director D. Howard Strong
(b) Address 715 Light St.

19 (a) JAN 23 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22/1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1942 to 1/22 1942 and that I last saw h[illegible] alive on 1/22 1942.

	Duration
Immediate cause of death Carcinomatosis	
Due to Calloid Carcinoma of stomach	1 year
Due to	
Other Conditions Hypertension. Arteriosclerosis C.V. disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Mangano M.D.
Address South Baltimore Gen. Hospital Date signed 1-22-42

VS 3

F 88401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V108

F 88401

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 N Glover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Glover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Blazej Mazan

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-10-3222

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Robert Mazan
13. Birthplace Poland

MOTHER 14. Maiden Name
15. Birthplace Poland

16 (a) Informant Katherine Mazan
(b) Address 16 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) JAN 23 1942 (b) Huntington Williams, M.D. Address

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 1-21 1942 and that I last saw him alive on 1-21 1942.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions Myocardial degeneration, arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gorsuch M. D.
Address 14 N Eastern ave Date signed 1-22-42

F 88402

F 88402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Dolphin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Lizzie Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72 71	—	—	hr. — min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)
10. Usual Occupation Second hand dealer
11. Industry or business Second hand furniture

FATHER
12. Name John H. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Margret Owens
15. Birthplace Md

16 (a) Informant Estelle Young
(b) Address 1-21-42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1338 Pennsylvania Ave

19 (a) JAN 23 1942 (Date received by registrar) (b) Huntington Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1942, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11- 1942 to 1-21- 1942, and that I last saw him alive on 1-20 1942.

Immediate cause of death Cerebral hemorrhage — Duration 10 days
Due to Hypertension — Duration Unknown
Due to arterio Sclerosis — Duration Unknown
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Frank A. Saunders M. D.
Address 10 29 N. Stricker St. Date signed 1-22-42

VS 8

F 88403

HEALTH DEPARTMENT—CITY OF BALTIMORE 88403

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Shields St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 1402 Shields St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susie Scruse

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Morton Brown
(Address) 1402 Shields St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/24 19 42

19. UNDERTAKER Geo. H. Kelson
(Address) 1303 Presstman St

20. FILED JAN 23 1942 Registrar.

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) Jan 21, 1942

I HEREBY CERTIFY, That I attended deceased from Jan 6 1942 to Jan 21 1942

That she was last alive on Jan 21 1942 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, state

(Signed) Thos. Woolridge M. D.

(Address) 703 Cathedral St

F 88404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88404

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Baltimore Eye Ear & Throat Hosp. Registered No.

CITY OF BALTIMORE: (No. 1214 Eutaw Pl. St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Sarah ~~Retzentine~~ NECHAMKIN

(a) Residence: No. 2700 Ulman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1/23/42

19. UNDERTAKER Jack Levy Co
(Address) 1439 E. Balt St

20. FILED JAN 23 1942 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1942 to Jan 22, 1942

I last saw her alive on Jan 22, 1942 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
with acute Myocardial	
Dilatation.	

Other contributory causes of importance:

HYPERTENSIVE

Cardio Vascular Renal disease

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Walters M. D.

(Address) 1214 Eutaw Pl. Balto. Md

OCCUPATION is very important. See instructions on back of certificate. Any statement of

F 88405 HEALTH DEPARTMENT—CITY OF BALTIMORE 88405

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lenendale (St.) 27-17 (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Pearl Hagenoff

If U. S. Veteran specify WAR _____

(a) Residence: No. Belvidere and St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Isreal Hagenoff

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yeudel Kosikovitch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Kosikovitch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Husband

18. BURIAL, CREMATION, OR REMOVAL Pl. Greenlawn Date 1-23-42 19__

19. UNDERTAKER Joseph Geis Inc (Address) 1494 E. Baltimore St

20. DATE RECEIVED JAN 23 1942 by Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 P.M. 1-22- , 1942

22. I HEREBY CERTIFY, That I attended deceased from 6-11- 1937 to _____ 1942

I last saw h[illegible] alive on 1-22- 1942 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Chr. card. valvular disease	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H Edmund Levin, M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

V8.5

F 88406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88406 Registered No. 164-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Camp Holabird Hosp.
(c) Hospital or institution:
POST HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Camp Holabird
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Thomas N. Scoble

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	DIVORCED

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 28, 1906

8. AGE: Years	Months	Days	If less than one day
35	1	24	hr. min.

9. Birthplace NEW YORK CITY
(Town, county, and state)
10. Usual Occupation SOLDIER
11. Industry or business U. S. ARMY

FATHER
12. Name WM. HENRY SCOBLE
13. Birthplace N. Y. CITY

MOTHER
14. Maiden Name ROSE MATILDA KRAUSE
15. Birthplace N. Y. CITY

16 (a) Informant RECORDS - HOLABIRD QM. DEPOT
(b) Address BALTIMORE, MD

17 (a) BURIAL (b) Date thereof 1/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HEMSTEAD
Location LONG ISLAND, N. Y.
18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. NORTH AVE.
19 JAN 23 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1942 at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 1/22/42 at about 1a M
(c) Where did injury occur? Camp Holabird.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Rope - by Gallows.
23. Signature Maj. Daniel E. Craft M.D.
Medical Examiner.
Date signed 1/22/42

VS 6

F 88407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 88407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 N. Pulaski St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GUSSIE FISCHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife FRANK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-1883

8. AGE: Years	Months	Days	If less than one day
58	4	6	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business At Home

FATHER
12. Name Bernard Fischer
13. Birthplace Germany

MOTHER
14. Maiden Name Adolpharia Keenan
15. Birthplace Germany

16 (a) Informant FRANK Wickes
(b) Address 2101 N. Pulaski St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eastern Ave

19 (a) JAN 23 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942, at 3 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Fracture of skull — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: If
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 20, 42 at 3 P M
(c) Where did injury occur? North Ave & Smallwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by taxi

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 1-20-42

VS 6

F 88408
RC (70672)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95B

F 88408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Arlington Avenue
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-7726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1899

8. AGE: Years	Months	Days	If less than one day
42	2	25	hr. min.

9. Birthplace Belair, Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Robert Matthews
13. Birthplace Maryland

MOTHER
14. Maiden Name Elfornia Bowman
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna Ave.

19 (a) JAN 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1942, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1941, to 1-21 1942, and that I last saw h[illegible] alive on 1-21 1942.

Immediate cause of death Cardiac Insufficiency — Duration 1 mo
Due to (Typhoid Fever with Typhoid Empyema) — Duration 6 mo
Due to Rheumatic Heart Disease — Duration intermen
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ronald B Stobbe M. D.
Address Balto City Hospitals Date signed 1-22-42

F 88409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17-D

F 88409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5706 York Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred D. Smith

3 (b) If veteran, name war: Not Known
3 (c) Social Security Account No.: Not Known

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) About 1877
8. AGE: Years 65? Months ? Days ? If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant John H. Fielder
(b) Address 5706 York Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Brooklyn Md.
18 (a) Funeral director John W. Johnson
(b) Address 1706 Druid Hill Ave
19 (a) JAN 23 1942 (Date Rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1942 at 9:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1942 to Jan. 21 1942 and that I last saw [illegible] alive on Jan. 21 1942

Immediate cause of death: Delirium Tremens — Duration 8 Days
Due to Chronic Alcoholism
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp. Date signed 1/23/42

VS 8

F 88410

F 88410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Carroll Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Carroll (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1900

8. AGE: Years 41 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Own Barber Shop

FATHER 12. Name James E Clark
13. Birthplace Va

MOTHER 14. Maiden Name Katie Walker
15. Birthplace Baltimore, Md

16 (a) Informant Katie Handy (mother)
(b) Address 625 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 JAN 23 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21/1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1942 to 1/21 1942.
and that I last saw him alive on 1/20 1942.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B M R Coltz M. D.
Address 21 34 Druid Hill Ave Date signed

VS 3

F 88411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 N. Fremont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Duo

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street address 727 N. Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosetta [illegible]. Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Andrew E. Jones | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Belevede, N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Reddock
13. Birthplace Belevede N.C.

MOTHER
14. Maiden Name Harriet [illegible]
15. Birthplace Winfall, N.C.

16 (a) Informant Rev. Arthur Jones
(b) Address 727 N. Fremont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1942 (month) (day) (year)
(c) Cemetery or crematory Winfall
Location North Carolina

18 (a) Funeral director Mrs Kate R. Wilcome
(b) Address 322 N. Schroeder St.

19 (a) JAN 23 1942 (Date rec'd by registrar) (b) Huntington-Wilkinson, M

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942 at 7:07 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 12 1941 to Jan 21 1942 and that I last saw her alive on 1/21/42 at 1 P.

Immediate cause of death Cardiorenal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wilcome M. D.
Address 1171 Harlan Ave Date signed 1/23/42
Ft 4504

VS 1

F 88412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 88412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Callow Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town 2001 Callow Avenue (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DANIEL PETERSON HOFFMAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sallie Cranston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1865

8. AGE: Years 76 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Dr. Daniel P. Hoffman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Maria Hibert
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Sallie Hoffman
(b) Address 2001 Callow Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941, to Jan 22 1942, and that I last saw him alive on Jan 21 1942.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 6 months
Due to: Unknown
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Conrad Bode M. D.
Address 1900 Maryland Ave. Date signed 1-23-42

VS 3

F 88413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 700 W. 40th St.
(c) Hospital or institution:
Home Res. Irresuscitable
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Emma E. Seavers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Clarence N. Seavers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1870

8. AGE: Years	Months	Days	If less than one day
71 yrs.	6 mo	17 da.	hr. min.

9. Birthplace Shippensburg - Pa.
(Town, county, state or foreign country)
10. Usual Occupation Matron - Retired 6 yrs
11. Industry or business P.R.R. Co.

FATHER
12. Name Samuel A. Pearsol
13. Birthplace Shippensburg, Pa.

MOTHER
14. Maiden Name Hester Eyer
15. Birthplace Shippensburg, Pa.

16 (a) Informant M. E. Edmondson
(b) Address 700 W. 40th St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24/1942 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Roland Ave -

18 (a) Funeral director Wm. J. Tuckerton
(b) Address North & Pa Ave.

19 (a) JAN 23 1942 (Date received by registrar) (b) Registrar's signature for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22nd 1942, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23rd 1941, to Jan. 22nd 1942, and that I last saw h[illegible] alive on Jan. 21st 1942.

Immediate cause of death
Bronchial Pneumonia
Hypertensive Heart Disease
Hemiplegia (right)
Chronic Arteritis

Duration
2 days
Many years
18 months
8 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Comegys Wolff
Address 11 E. Chase St. Date signed 1/24/42
Baltimore Md.

VS 8

F 88414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/28 F 88414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Robinson

3 (b) If veteran, name war NC

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marion Robinson

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 10 1907

8. AGE: Years 34 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name James Convery
13. Birthplace Italy

MOTHER
14. Maiden Name Matilda Bagley
15. Birthplace Harford Co. Md

16 (a) Informant Marion Robinson
(b) Address Bel-Air, Md, R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (month) (day) (year)
(c) Cemetery or crematory Dublin Cem
Location Harford Co., Md

18 (a) Funeral director H. L. Bailey
(b) Address Darlington, Md

19 JAN 23 1942 Darlington Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942, at 5 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration
Acute Pneumonia Lobar
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F Hefner M.D.
Medical Examiner.
Date signed 1/23/42

VS 4

F 88415

F 88415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 598 W. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 598 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Payne

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-97

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	3	5		

9. Birthplace Gloucester Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Payne
13. Birthplace Gloucester Co Va.

MOTHER
14. Maiden Name Mollie Gayme
15. Birthplace Gloucester Co Va.

16 (a) Informant Magella Payne
(b) Address 598 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 24 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Bury
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JAN 23 1942 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1942 to 1-21 1942 and that I last saw him alive on 1-21 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M.D.
Address 534 Dolphin St Date signed 1-22-42

VS 2

Huntington Registrar

88416

JM 51021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-A Registered No. F 88416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Williamson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married (Sept.)

6 (b) Name of husband or wife Janie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1894

8. AGE: Years	Months	Days	If less than one day
47	10	0	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Kitchen helper
11. Industry or business Sinai Hospital

FATHER
12. Name Andy Williamson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sylvia Greene
15. Birthplace North Carolina

16 (a) Informant Baltimore City Hospitals nec
(b) Address 4940 Eastern, Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 22 1942
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address Per H. A. Moore.

19 (a) JAN 23 1942 (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1942, at 7 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1939 to 1-15 1942, and that I last saw him alive on 1-15 1942.

Immediate cause of death

	Duration
S. I. Hemorrhage	1 day
Due to Peptic ulcer	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-23-42

VS 3

6997

F 88417

Baltimore City

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 130

F 88417

Reg. Dist. No.

1. PLACE OF DEATH:
City: Baltimore
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos.
Hospital, institution, or street address where death occurred: 6606 O'Donnell St.
If in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto Co.
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street address: 6606 O'Donnell St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Sarah Elizabeth Warfield

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

(b) Name of husband or wife: Augustus Livingston Warfield
6.(c) If alive, give age: — years

Birth date of deceased (mo., day, yr.): Nov 30, 1873

AGE: Years	Months	Days	If less than one day: Hrs.	Min.
68	1	21	18	15

Birthplace: Howard Co. Md.
(Town, county, and state)
Usual occupation: Housewife
Industry or business:
12. Name: Humphrey Dorsey
13. Birthplace: Howard Co. Md.
14. Maiden name: Catherine Augustus Riggs
15. Birthplace: Montgomery Co Md.
Informant: Mrs. Laura Thomas Heel
Address: Mount Airey, Md.
Burial
Burial, cremation, or removal. Which?) Date thereof: 1-25-42 (month) (day) (year)
Cemetery or crematory: Cherry Grove
Location: Lisbon Md.
Funeral director: Leonard Flinchum
Address: Sykesville Md.

JAN 23 1942
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 1942 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 22 1942 and that I last saw h[illegible] alive on Jan 22 1942

Immediate cause of death	DURATION
Acute Nephritis	6 weeks
Due to	
Due to	
Other conditions: Hypostatic Pneumonia	24 Hrs.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Howard Burns M.D.
M. D. or coroner
Address: 59 Dundalk Ave Date: Jan 22, 1942

F 88418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 88418

Please write plainly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 140 S. Monastery Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Bertha Mae Cranford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George A. Cranford
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 2, 1887

8. AGE: Years	Months	Days	If less than one day
54	3	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter John Lauer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma K. Blair
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna L. Myers
(b) Address 140 S. Monastery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1005 E. Baltimore St.

19 (a) JAN 23 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1942, at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1941, to Jan. 22 1942, and that I last saw h[illegible] alive on Jan. 22 1942.

Immediate cause of death: Congestive Heart Failure — Duration: 1 month
Due to: Hypertensive Cardio-Vascular Disease — 3-4 years
Due to:
Other Conditions: Diabetes Mellitus, Chronic Cholecystitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fiesling, M.D.
Address Bon Secours Hosp. Date signed 1-22-42

F 88419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave and Madison St
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Anna M Hofmann — Anna M. Hofmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1864

8. AGE: Years 77 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Hofmann
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Renner
15. Birthplace Germany

16 (a) Informant Mrs. Raymond H. Lee
(b) Address 2227 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

19 (a) Filed JAN 23 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942; at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Jan 22 1942 and that I last saw h[illegible] alive on Jan 22 1942

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions Cardiovascular Disease Senile Psychosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gertrude Hall M. D.
Address Md Gen Hosp Date signed 1-22-42

VS 3

F 88420

F 88420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Walter Oster

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~

6 (b) Name of husband or wife Lena Ruth Oster
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 6 1866

8. AGE: Years 75 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Retired (Banker)

11. Industry or business

FATHER 12. Name Jacob Oster
13. Birthplace Penna

MOTHER 14. Maiden Name Sarah Lusk
15. Birthplace Penna

16 (a) Informant Mrs Lena Ruth Oster
(b) Address 2219 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26-1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Britsand Oster
(b) Address 2417 Eutaw St

JAN 23 1942

19 (a) [illegible] (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 10 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to Jan 22 1941.
and that I last saw h~~im~~ alive on Jan 21 1942.

Immediate cause of death
~~Cardio vascular hypertension~~
acute Cardiac Dilatation
Due to
Due to Cardio vascular hypertension disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: many years / 10 minutes / many years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos M Burke M. D.
Address 2436 Maryland Ave Date signed 1/23/42

VS 3

F 88421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 88421
Registered No.

Please write plainly. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfax Ave Med St
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 E Fort Ave (If rural give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Martin Zimmerman

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1877

8. AGE: Years 64 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (City, county, and State)
10. Usual Occupation Lithographer
11. Industry or business

FATHER
12. Name John Zimmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Rehberger
15. Birthplace Germany

16 (a) Informant Mr. Martin F. Zimmerman
(b) Address Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-42 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Edmondson Ave.

18 (a) Funeral director J. F. McCauley
(b) Address 420 E. Fort Ave

19 (Date received by registrar) JAN 23 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6-42 19 to 1-22 1942 and that I last saw h[illegible] alive on 1-22-42 19

Immediate cause of death: Bronchopneumonia — Duration
Due to Diabetic Gangrene
Diabetes Mellitus
Due to Cardiac Vascular Renal disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1-16-42
Major findings of operation: Gangrene L foot
of autopsy: Laboratory work

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth Wall M. D.
Address Md Gen Hosp Date signed 1-23-42

VS 8

F 88422

F 88422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 Halcyon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Halcyon Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATTIE GERBIG

3 (b) If veteran, name war ##

3 (c) Social Security Account No. ##

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jacob Gerbig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1878

8. AGE: Years 63 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Julius Hardt
13. Birthplace Unknown

MOTHER
14. Maiden Name Marry Miller
15. Birthplace Unknown

16 (a) Informant Mr. W. H. Warner,
(b) Address 2806 List Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director Leuthenheimer & Haus
(b) Address 7401 Belair Road

19 (a) JAN 23 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1942, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1941 to June 21 1942 and that I last saw HER alive on June 21 1942.

Immediate cause of death
Acute Coronary Occlusion
Due to Arteriosclerosis
Heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1 day

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawyer M. D.
Address 4808 Harford Rd. Date signed 1-23-42

VS 3

F 88423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 — Registered No. F 88423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 N. Chapel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Williams Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Malinda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1883

8. AGE: Years 58 | Months 10 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Malinda Williams
(b) Address 1032 N. Chapel St.

17 (a) Burial (b) Date thereof 1/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory A. Stevens
Location Middle River

18 (a) Funeral director Elroy Wilson
(b) Address

19 (a) JAN 23 1942 (b) Hunter for Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1942, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 41, to Jan 20 1942, and that I last saw h[illegible] alive on Jan 20 1942

Immediate cause of death: Cardiac Insufficiency — Duration ?

Due to

Due to

Other Conditions Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. K. Adams M. D.
Address 222 N. Caroline St Signed Jan 20 1/2

VS 8

F 88424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 88424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Orleans st. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Henry Lockley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1905

8. AGE: Years	Months	Days	If less than one day
36	10	56	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Louis Lockley
13. Birthplace Va

MOTHER
14. Maiden Name Jeneve Gresham
15. Birthplace Va

16 (a) Informant Victoria Keys
(b) Address 1729 Orleans st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Nelson
(b) Address 1000 Brantley ave

19 (c) JAN 23 1942 Registered Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1942, at 12.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to Jan 21 1942 and that I last saw h[illegible] alive on Jan 20 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard C Esslinger M. D.
Address 514 E. Balto St Date signed Jan 22/42

VS 3

4101 Fb 88425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 88425

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Albert Ray Ragan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-26-41

8. AGE: Years	Months	Days	If less than one day
		29	hr. min.

9. Birthplace Md, Harford Co.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ross Ragan
13. Birthplace Md.

MOTHER
14. Maiden Name Myrtle Burtalett
15. Birthplace N.C.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Baptist
Location Harford Co. Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) JAN 23 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942 at 9 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to Jan 23 1942 and that I last saw him alive on Jan 23 1942.

Immediate cause of death	Duration
Sinus Thrombosis	
Due to Dehydration	
Diarrhea	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibler M. D.
Address Johns Hopkins Hosp. Date signed 1/23/42

F 88426 HEALTH DEPARTMENT—CITY OF BALTIMORE F 88426

CERTIFICATE OF DEATH.

✓108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 W. Fayette St ST. 41 WARD)

2.-FULL NAME Irene M Emrich

(a) RESIDENCE No. 414 W. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel L Emrich

6 DATE OF BIRTH (month, day, and year) Sept 1, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	42	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) St Louis Mo.

PARENTS

10 NAME OF FATHER ? Sommers

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Samuel L. Emrich (Address) 414 West Fayette.

15 JAN 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22nd 42

17 I HEREBY CERTIFY, That I attended deceased from January 19th, 1942, to January 22nd, 1942, that I last saw her alive on January 22nd, 1942, and that death occurred, on the date stated above, at 9:40 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. L. Hammer M. D.

Jan 24 1942 (Address) 1129 E Lanvale Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 1/24 1942

20 UNDERTAKER Frances Rasor & Co. ADDRESS Westminster

TION is very important. See instructions on back of certificate.

88427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 88427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Forrest Park
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Forrest Park (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hugo Weber

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Phillipine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12 1861

8. AGE: Years 81 | Months — | Days 10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Blacksmith

11. Industry or business Self

FATHER
12. Name Peter Weber.
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Petra
15. Birthplace Germany

16 (a) Informant Mrs Phillipine Weber
(b) Address 4311 Forrest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul

19 (a) JAN 24 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 42 to Jan 22 1942, and that I last saw h[illegible] alive on Jan 22 1942.

Immediate cause of death Lobar pneumonia — Duration 3 days

Due to

Due to

Other Conditions Hypertension; hemiplegia — 6 mos
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

If autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Cheney M.D.
Address 11 E. Chase St Date signed 1/23/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

88428

CLASING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

Registered No. E 88428

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Mapleton av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Overwood (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Mapleton ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Elizabeth J. Clasing

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick E. Clasing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 - 1872

8. AGE: Years	Months	Days	If less than one day
69	9	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Wirth
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Mrs Charlotte Grant Meyer daughter
(b) Address 719 Mapleton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Williams Co
(b) Address 1217 E Fayette St

19 JAN 24 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1941 to June 21 1942, and that I last saw her alive on June 20 1942.

Immediate cause of death	Duration
Uremia - Bronchopneumonia	3 days
Due to Chronic Interstitial Nephritis	7 mos
Due to General arteriosclerosis Marked	7 mos
Other Conditions Senile Dementia	7 mos

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos F A Stevens M. D.
Address 2878 Harford Rd Date signed 1-23-42

VS 3

8428 805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 8429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town EASTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schwaninger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-80

8. AGE: Years	Months	Days	If less than one day
61	4	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation FARMING

11. Industry or business

FATHER 12. Name Levin Schwaninger

13. Birthplace Pa

MOTHER 14. Maiden Name Rebecca Dobson

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (month) (day) (year)

(c) Cemetery or crematory Myrtle Location Cordova, Talbot Co. Md.

18 (a) Funeral director R. Ellis Clark

(b) Easton, Md.

19 (a) JAN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 22 1942 at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1941, to JAN 22 1942, and that I last saw HIM alive on JAN 22 1942.

Immediate cause of death Pneumonia Peritonitis — Duration one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert G. Gustavus

Address Johns Hopkins Hospital Date signed M.D. 1/23/42

VS 3

88430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 88430 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 N. Patterson Park Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1512 N. Patterson Park Ave.,
(If rural give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARETTA K. BRANDT

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julius C. Brandt

6 (c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): January 20, 1865

8. AGE: Years: 77 Months: 0 Days: 1 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: John Ramming,
13. Birthplace: Germany

MOTHER
14. Maiden Name: Don't know
15. Birthplace: Germany

16 (a) Informant: Mrs. Wm. R. Crowe,
(b) Address: 521 Richwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: John Ulrich
(b) Address: 2008 Orleans St.,

19 JAN 24 1942 (Date rec'd by registrar) (b) Huntington Nitterauer, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1942 at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1941 to Jan. 21 1942 and that I last saw h alive on Jan. 20, 1942.

Immediate cause of death: Coronary occlusion — Duration: 6 Mos.

Due to: Arteriosclerosis — 3 yrs.

Due to:

Other Conditions: Lobar Pneumonia 7-17-41 to 8-25-41
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert Ramming M. D.
Address 1613 E. North Ave. Date signed 1-22-42.

F 88431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

Registered No. F 88431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles Cept 3333 N Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arianna E. Lutto

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jake Otto Lutto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1846

8. AGE: Years	Months	Days	If less than one day: hr.	min.
95	6	9		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Otto Lutto
13. Birthplace Chapel

MOTHER
14. Maiden Name Arianna Handy
15. Birthplace Miss.

16 (a) Informant Ottilie Lutto
(b) Address 3333 N Charles St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Harry M Jenkins & Co
(b) Address Orchard & McCulloh Sts

19 (a) JAN 24 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 a 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942, to Jan 23 1942, and that I last saw her alive on Jan 23 1942.

Immediate cause of death, Pneumonia Terminal — Duration 3 days

Due to Following a fall in room

Due to a Fracture of left femur

Other Conditions a

(Include pregnancy within 3 months of death)
Date of operation a
Major findings of operation: a
of autopsy: a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident in her room
(b) Date of occurrence Jan 19 a 1942 at 6 P. M
(c) Where did injury occur? Balto (City or town) (County) md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hom (Specify type of place) While at work? a
(e) Means of injury Slipped on floor in her room

23. Signature J. E. Whitehead M. D.
Address 2000 N. Calvert St Date signed Jan 23/42

H. J. Maldeis M. D. per phe

88432 (1-54)

HEALTH DEPARTMENT—CITY OF BALTIMORE

88432

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH 519 Tunbridge Road

CITY OF BALTIMORE: (No. 519 St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Lodge Yeater

If U. S. Veteran specify WAR

(a) Residence: No. 519 Tunbridge Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs Sarah Emma Yeater

6. DATE OF BIRTH (month, day, year) Sept 10 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City

FATHER

13. NAME John Lewis Yeater

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucinda Ann Libby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Sarah Emma Yeater
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan 24, 1942

19. UNDERTAKER R. R. Slade
(Address) 4907 York Rd.

20. Jan 24 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1942, to January 22nd, 1942.

I last saw him alive on January 22, 1942. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Jan 10
Arteriosclerosis	Many years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road

OCCUPATION is very important. See instructions on back of certificate.

V2.2

F 88433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-a

Registered No. F 88433

Please answer questions and write plainly with pen and ink and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 W. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant George Isell
(b) Address 316 Cornell St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Hartlove
(b) Address 918 Druid Hill Ave

19 (a) JAN 24 1942 (Date accepted by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942 at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute insufficiency

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.

Date signed 1/19/42

VS 6

F 88434

BALTIMORE CITY HEALTH DEPARTMENT ✓ 160-C F 88434

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 West Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 hrs. Baby

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 West Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Nolan (Birth F. 44356)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12:38 AM Jan 22, 1942

8. AGE: Years	Months	Days	If less than one day
			11 hr. 7 min.

9. Birthplace 515 West Biddle St. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roberden Nolan
13. Birthplace 515 West Biddle Street

MOTHER
14. Maiden Name Evelyn
15. Birthplace Md.

16 (a) Informant Evelyn Nolan
(b) Address 515 W. Biddle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/33/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Holdeas
(b) Address 918 Druid Hill Ave.

19 (a) JAN 24 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1942, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...,
and that I last saw h... alive on ..... 19....

Immediate cause of death	Duration
Due to Cerebral Hemorrhage due to prolonged labor.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller M. D.
Address Union Hosp. Date signed 1/23/42

VS 3

F 88435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-8

F 88435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Lemon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 907 Lemon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Morley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1862

8. AGE: Years	Months	Days	If less than one day
79	3	15	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Hz
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Hartlein
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Gross
(b) Address 3913 Windsor Ave

17 (a) Burial (b) Date thereof Jan. 26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) JAN 24 1942 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1942 to 1-22 1942; and that I last saw h alive on 1-22 1942

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to Arteriosclerotic C.V.D.	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Hightstein M. D.
Address 888 W. Lombard St Date signed 1-24-42

VS 8

F 88436 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Balto
(c) City or town: Baltimore Highlandtown Park (If outside city or town limits, write RURAL and give town)
(d) Street No.: 604 Wilson Ave. Highlandtown (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: JOSEPH W. TRACEY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 312-07-8744

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Carolyn W. Joeckel
6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Nov. 28, 1892

8. AGE: Years	Months	Days	If less than one day
49	1	23	___ hr. ___ min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Boiler Operator-Beth. Steel
11. Industry or business:

FATHER
12. Name: Thomas Tracey
13. Birthplace: Baltimore, County, Md.

MOTHER
14. Maiden Name: Elizabeth Price
15. Birthplace: Baltimore County, Md.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof JAN. 24/42 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE ROAD

18 (a) Funeral director: Lilly & Zirkin INC.
(b) Address: 403 S. WOLFE ST.

19 JAN 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 21, 1942, at 10:06 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1942, to Jan. 21, 1942, and that I last saw him alive on Jan. 21, 1942

Immediate cause of death	Duration
Localized peritonitis-post operative	
Due to: Duodenal fistula-post operative	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: 1/14/42

Major findings of operation: Exploratory lap; Gastrectomy, partial; Venoclysis,

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. M. H. Anderson.
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/21/42

VS 3

F 88437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 Registered No.

F 88437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town, Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 W Franklin St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Sneed

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Golden Sneed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1899

8. AGE: Years	Months	Days	If less than one day
43 4r	-	5	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Sec + Coal Dealer
11. Industry or business

FATHER
12. Name Grafton Sneed
13. Birthplace Md

MOTHER
14. Maiden Name Sadie Giles
15. Birthplace Md

16 (a) Informant Beatrice Keene
(b) Address 1726 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 334 N Schroeder St

19 (a) JAN 24 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942 at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to Jan 21 1942 and that I last saw h[illegible] alive on Jan 21 1942

Immediate cause of death Mitral Insufficiency — Duration 1 yr

Due to

Due to

Other Conditions Chron. Nephritis also Hypertrophy and enlarged liver — 1 yr
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L Young
Address 1424 E Monument Date signed 1/22/42 (M.D.)

VS 3

F 88438 ✓ F 88438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 868 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Appleby "Fs" (Birth F- 43448)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-21-1942

8. AGE: Years	Months	Days	If less than one day
			8 hr. 5 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Malcolm Appleby
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Josephine Helen Santora
15. Birthplace Baltimore, Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] MEDICAL SCHOOL JAN 24 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
6999

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1942 at 2-20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942 to 1-22 1942 and that I last saw h. i. alive on 1-22 1942.

Immediate cause of death: Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert T. Green M. D.
Address [redacted] Date signed 1-22-

F 88439 ✓ F 88439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-42 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Roberts & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Tiffany Court (Rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MYRA VINES (Birth - 39679) ✓

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Nov. 26, 1941
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years — Months 1 — Days 18 — If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Vines
13. Birthplace N Carolina

MOTHER 14. Maiden Name Jessie Plant
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [redacted] Location

JAN 24 1942
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) JAN 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

17000

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1942 at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942 to 1-19 1942 and that I last saw h[illegible] alive on 1-18 1942

Immediate cause of death: Pulmonary atelectasis — Death gastric enteritis — Duration: 1 wk / 1 wk

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp M. D.
Address Univ. Hospital Date signed 1-19-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6

F 88440 1

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 508 W. Hoffman St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Wells.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-77

8. AGE: Years 64 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Henry Johnson

13. Birthplace Md.

MOTHER 14. Maiden Name Louisa Brown

15. Birthplace Md.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1942

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

700

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1941 to Jan. 19 1942 and that I last saw h-d alive on Jan. 19 1942

Immediate cause of death Biliary Cirrhosis — Duration 8 yrs.

Due to

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank R. Hinman Jr. M.D.

Address J. Hopkins Hosp. Date signed 1-22-42

F 88441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 88441

Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 W. Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Snyder (Birth F-42777)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-19-42

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Snyder
13. Birthplace

MOTHER
14. Maiden Name Pauline Roberson
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Md.

19 (a) JAN 24 1942 (Date rec'd by registrar) (b) 7002 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-19 1942 at 1105 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 19 1942 and that I last saw deceased alive on Jan 19 1942

Immediate cause of death: Prematurity — Duration: 7 Mo. Premature

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Fukahara M. D.

Address Johns Hopkins Hosp. Date signed 1-21-42.

VS 8

F 88442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 88442

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 E. Monument St. (If rural give location)
If foreign born, how long in U. S. A.? years

26-10

3 (a) FULL NAME Baby Boy Wischhusen (Birth F-42856)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1942

8. AGE: Years	Months	Days	If less than one day
			0 hr. 20 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Owen Elmer Wischhusen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Rebecca Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Wischhusen
(b) Address 3329 E. Monument St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] MEDICAL SCHOOL JAN 24 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 24 1942 (Date received by registrar) Huntington Williams, M.D. Registrar
1,7063

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1942, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21-1942 to 1-21-1942, and that I last saw h[illegible] alive on 1-21-1942.

Immediate cause of death: Atelectasis — Duration

Due to: Prematurity (8 oz. - 2 days)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller, M.D.
Address Univ. Hosp. Date signed 1/24/42

VS 3

F 88443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E F 88443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Florence Nightingale Convalescent Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Grace Gallagher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1866

8. AGE: Years	Months	Days	If less than one day
75	0	23	hr. min.

9. Birthplace Gettysburg Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William K. Gallagher
13. Birthplace Adams County, Pa.

MOTHER
14. Maiden Name Susan Little
15. Birthplace Adams County Pa.

16 (a) Informant Mrs. Edgar Hardruff Pa.
(b) Address 440 Carlisle St, Gettysburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cemetery
Location Gettysburg Pa.

18 (a) Funeral director Milton Bender
(b) Address 12 Carlisle St. Gettysburg Pa.

19 JAN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1941, to Jan 24 1942, and that I last saw h[illegible] alive on Jan 22 1942.

Immediate cause of death	Duration
carcinoma of the intestines	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Patterson, M.D.
Address 324 Restertown Rd. Date signed 1/24/42

VS 3

F 88444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F-88444
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Hollen Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 12
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Hollen Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Grimm

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Eli R. Grimm.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1858

8. AGE: Years	Months	Days	If less than one day
83	10	26	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER	12. Name John Markley
	13. Birthplace Germany
MOTHER	14. Maiden Name Catherine Doran
	15. Birthplace Harford Co. Md.

16 (a) Informant Mrs Viola Chapman
(b) Address 408 Hollen Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Arlington Cem. Ref. Co. Pa.
Location

18 (a) Funeral director Wm. H. Tolson & Son
(b) Address Hood & Pagues Huntington Williams, M.D.

19 JAN 24 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to Jan. 24, 1942, and that I last saw he alive on Jan. 24, 1942

Immediate cause of death	Duration
Acute Cardiac dilatation	3 hrs.
Due to Chronic Myocarditis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave. Date signed 1/24/42

VS 2

F 88445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88445 Registered No. 94a

Type or print plainly; write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Kernan Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give Town)
(d) Street No. 3 Wade Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Harry E. Bowen

3 (b) If veteran, name war: Spanish

3 (c) Social Security Account No. 214-01-5129

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1872

8. AGE: Years	Months	Days	If less than one day
~~About 69~~ 70			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Night watchman
11. Industry or business Kirnan's Hospital

FATHER
12. Name George W. Bowen
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Charlotte Wilkes
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 JAN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942, at 11:53 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to His death on the day stated above.

Immediate cause of death — Duration
Acute Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Tickner M.D. Medical Examiner.
Date signed 1/22/42

VS 6

F 88446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 88446

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payson Pl. + Dukeland St
(c) Hospital or institution:
West Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DD +
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Penrose Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul J. Jeffers

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gladys Mae
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 4-17-1904

8. AGE: Years	Months	Days	If less than one day
37	9	4	— hr. — min.

9. Birthplace Baltimore City
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Own. Business

FATHER
12. Name Frank M. Jeffers
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice J. Colquitt
15. Birthplace Virginia

16 (a) Informant Gladys Mae Jeffers
(b) Address 2000 Penrose Ave

17 (a) Burial (b) Date thereof 1/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wishart & Son
(b) Address 844 Eastern Place

19 JAN 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1942, at 10 15/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1942 to 1-21 1942, and that I last saw h[illegible] alive on 1-21 1942

Immediate cause of death — Duration

Cardiac failure — 2 hrs.
Due to
Congenital heart dis — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold J. Gutt M. D.
Address UBJH Date signed 1-21-42

VS 2

F 88447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 88447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 Millington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Millington Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Anna Steffa

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Louis H. Steffa
6 (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Sept. 12-1867

8. AGE: Years	Months	Days	If less than one day
74	4	9	hr. min.

9. Birthplace: Baltimore City (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business: At Home

FATHER
12. Name: Frank C. Siele
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary E.
15. Birthplace: Maryland

16 (a) Informant: Charles L. Steffa
(b) Address: 421 Millington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City

18 (a) Funeral director: F. B. Shipley & Son
(b) Address: 1200 Lafayette Place

19 JAN 24 1942 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 21 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941 to Jan. 21 1942, and that I last saw her alive on Jan. 21 1942.

Immediate cause of death: Carcinomatosis

Due to: Metastasis from adenocarcinoma of breast

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: none
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: C. Vernon Williamson M. D.
Address: 6 E. Eager St. Date signed: 1-22-42

VS 3

Please write the causes of death clearly and legibly.

F 88448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 F 88448 Registered No. 1

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 W. Saratoga St-
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 W. Saratoga St- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1890

8. AGE: Years	Months	Days	If less than one day
51	10	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Teamster

11. Industry or business Self.

FATHER
12. Name James Brooks
13. Birthplace Virginia

MOTHER
14. Maiden Name Harriet Hall
15. Birthplace Maryland

16 (a) Informant Ella Folson
(b) Address 1012 W. Saratoga St-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location E.A. County Md

18 (a) Funeral director Charles Gorton
(b) Address 514 N. Calhoun St

19 (a) JAN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1942, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17-1942, to 1-22-1942 and that I last saw him alive on 1-21-1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. D. Bando M. D.
Address 2445 Druid Hill Ave. Date signed 1-23-42

VS 3

F 88449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88449

186a

CERTIFICATE OF DEATH

1—PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1210 E Oliver ST. 9-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johannah Elizabeth Kirst

(a) RESIDENCE NO. 1210 E Oliver ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced, (write the word): Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alvin a. Kirst

6 DATE OF BIRTH (month, day, and year): 7/15/64.

7 AGE: Years 77 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Albert Heise
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Catherine Kratz
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Catherine Kirst
(Address) 1210 E Oliver St

15 JAN 24 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/24/42

17 I HEREBY CERTIFY, That I attended deceased from 2/37 1939 to 1/24/ 1942 that I last saw h alive on 1/23/ 1942 and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:
Fracture left hip — (unmitted) — due to fall in bedroom —
(duration) yrs. mos. da.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) George Abner Bowden M. D.
1/24. 1942 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.
DATE OF BURIAL: 1/27 1942

20 UNDERTAKER: John Ulrich
ADDRESS 2005 Eastern Ave.

Signed 1-24-42 Edward J. Mackin M.D.

F 88450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

F 88450

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-23-94

8. AGE: Years	Months	Days	If less than one day
47	4	27	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Elisk Lucas

13. Birthplace N.C.

MOTHER 14. Maiden Name Marie Sulford

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 24 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location A.A. County

18 (a) Funeral director Mrs. H. A. Elliott Dougherty

(b) Address 112 N. Caroline St.

19 JAN 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942 at 9:39 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 20 1942 and that I last saw [illegible] alive on Jan 20 1942.

Immediate cause of death

aneurysm of aorta — Duration 5 mos.

Due to

syphilis — Duration 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Higgins, Jr. M. D.

Address Johns Hopkins Hosp. Date signed Jan 25, 1942

VS 3

F 88451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B Registered No. F 88451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Kent
(c) City or town CHESTERTOWN. (If outside city or town limits, write RURAL and give town) 12-2
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. HERMAN Y. BROOMHALL (ELEANOR G.)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife Herman Y. Broomhall
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Dec. 2 1908

8. AGE: Years	Months	Days	If less than one day
33	1	21	hr. min.

9. Birthplace New York City New York (Town, county, and state)
10. Usual Occupation Housekeeping
11. Industry or business Home

FATHER
12. Name Ernst A. Gerken
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Julia Sudemann
15. Birthplace New York N.Y.

16 (a) Informant Herman Y. Broomhall
(b) Address Chestertown Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chestertown Maryland

18 (a) Funeral director Maggie C. Williams
(b) Address Chestertown Maryland

19 JAN 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JAN. 23, 1942, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7, 1942 to Jan. 23 1942, and that I last saw her alive on Jan 23, 1942.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to THIRD VENTRICLE BRAIN TUMOR	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan 23, 1942
Major findings of operation: MID-LINE TUMOR OVER 3RD VENTRICLE
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M.D.
Address Union Memorial Hosp. Date signed 1-23-42

VS 3

F 88452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 - M Registered No.

F 88452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Rural Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lester Botts

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Mar. 26, 1878
8. AGE: Years 63 | Months 9 | Days 28 | If less than one day: hr. — min.
9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Goldsmith Botts
13. Birthplace N. Y.

MOTHER
14. Maiden Name Melissa Anna Botts
15. Birthplace N. Y.

16 (a) Informant Wansfield S. Botts
(b) Address Havre de Grace Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (Month) (day) (year)
(c) Cemetery or crematory Wesleyan Cemetery
Location Harford Co. Md.

18 (a) Funeral director P. Madison Mitchell
(b) Address Havre de Grace Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942, to Jan 24 1942 and that I last saw HIM alive on Jan 24 1942

Immediate cause of death: Pulmonary embolism, with infarction of R Lung
Due to: Thrombosis and embolus
Due to: supra pubic prostatectomy
Other Conditions: Benign Prostatic hypertrophy
(Including pregnancy, within 3 months of death)

Duration

Date of operation Jan 19, 1942
Major findings of operation: Benign prostatic Hypertrophy
of autopsy: Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lester Caplon M. D.
Address University Hosp. Date signed 1-24-42

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly.

Duplicate Copy F88453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F88453

Type or print plainly with pen, preferably black ink. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Harrison
(c) City or town Bridge Port
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No.

3 (a) FULL NAME Louis W. Graham

3 (b) If veteran, name war No

3 (c) Social Security Account No. 705-05-9229

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Berde M. Graham
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan., 3, 1876

8. AGE: Years	Months	Days	If less than one day
66		20	hr. min.

9. Birthplace Cornwallis, Ritchie, Co., W. Va.
(Town, county, and state)

10. Usual Occupation Telegrapher

11. Industry or business B. & O. Railroad

FATHER
12. Name Louis T. Graham
13. Birthplace Unknown

MOTHER
14. Maiden Name Almeda Johnson
15. Birthplace West Virginia

16 (a) Informant Wife Berde M. Graham
(b) Address Bridge Port, W. Va.

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkersburg
Location Parkersburg, W. Va.

18 (a) Funeral director Wilson Bros
(b) Address 1214 Point St

19 (a) (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
(a) Toxinemia	
Post-Operative Shock	
Due to (b) Intestinal Obstruction	
Due to (c) Post-Operative Adhesions	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Tolsons M. D.
Address St. Joseph's Hosp. Date signed 3-26-42

VS 3

F 88454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88454 Registered No.

Correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Has T. Cornhill St
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Abell Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Georgiana Sammons

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Alexander Sammons
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1865

8. AGE: Years	Months	Days	If less than one day
76	4	5	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Larrimore
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Sears
15. Birthplace England

16 (a) Informant Mrs. S. Thos. Murray
(b) Address 2 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/42 (month) (day) (year)
(c) Cemetery or crematory Oxford Cem.
Location Oxford, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) 5 1942 (Registrar) Huntington Williams M.D.
JAN 6 1942
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23/ 1942, at 6:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18/ 1942 to 1/23/ 1942, and that I last saw h[illegible] alive on 1/23/ 1942.

Immediate cause of death: Resp. failure — Duration: 5 Days
Due to: Bronchopneumonia
Due to:
Other Conditions: Arteriosclerosis gen. Prostate enlarged
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Wright M.D.
Address [illegible] Date signed 1/26/42

F 88455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 88455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3925 Belle Ave
(b) Street address
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 651 W Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Benesch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Louis Benesch
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Samuel Benesch
(b) Address 3925 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

JAN 25 1942 (a) Registrar (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942, at 12 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942, to Jan 24 1942 and that I last saw him alive on Jan 24 1942

Immediate cause of death — Duration

Carcinoma of Stomach — 8 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 6 mos. ago.

Major findings of operation:
Carcinoma of Stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address 1800 N. Charles St Date signed 1-24-42

F 88456 ¹

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 88456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Edgevale Road
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County V Baltimore City
(c) City or town V Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Edgevale (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country —

3 (a) FULL NAME Dr. Clarence Stillwell Gore

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Rouse Gore
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov-11-1875

8. AGE: Years	Months	Days	If less than one day
66	2	13	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business Dentistry

FATHER
12. Name Albert T. Gore
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Frances Stillwell
15. Birthplace Washington Co. Md.

16 (a) Informant Mrs Marie R. Gore (wife)
(b) Address 502 Edgevale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-26-42 (month) (day) (year)
(c) Cemetery or crematory Methodist Cemetery
Location Baltimore-Md.

18 (a) Funeral director Stewart & Warren Company
(b) Address 1048 Harlem Ave. Huntington Woods

19 (a) JAN 25 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 3.50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. VanderGrift M.D.
Medical Examiner.
Date signed 1/25/42

Huntington Williams, M.D. Registrar

VS 6

Typewriter, please. Write the cause of death clearly and legibly.

F 88457

88457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 W Henrietta St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Wilson

If U.S. Veteran specify WAR

(a) Residence: No. 406 W Henrietta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queenstown
(State or country) Maryland

FATHER

13. NAME John Wolford

14. BIRTHPLACE (city or town) Queenstown
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) Queenstown
(State or country) Maryland

17. INFORMANT Florence Hall
(Address) 624 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 26 1942

19. UNDERTAKER Walter E. Coffey & Son
(Address) 1538 W Baltimore St

20. FILED JAN 25 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1942 to 1/24, 1942

I last saw her alive on 1/23, 1942 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	1/10/

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strickler M. D.

(Address) 1122 W Lee St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Dr Weingarten
Park Ave
4603

F 88458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights
(c) Hospital or institution Mt Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Jew

3 (a) FULL NAME Tillie Levitan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Levitan
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1867
8. AGE: Years 80 | Months | Days | If less than one day hr. min.
9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER | FATHER
12. Name Abraham Salant
13. Birthplace Lithuania
14. Maiden Name Shanie
15. Birthplace Lithuania

16 (a) Informant Edgar L. Levitan
(b) Address 121 S. Eutaw St Baltimore Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Keseh Israel
Location Baltimore Co. Md
18 (a) Funeral director Jacob Levine Sr
(b) Address 1524 E Baltimore St
19 (a) JAN 25 1942 (Date received by Registrar) Huntington Wilson (Registrar) M.D.

VS 3

MEDICAL CERTIFICATION 1090

20. DATE OF DEATH 1-24 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1942 to Jan 24 1942 and that I last saw her alive on Jan 23 1942.

Immediate cause of death: Arteriosclerosis — Duration: Many years
Due to: Cardiac Insufficiency
Due to: Senility
Other Conditions: Hypostatic Pneumonia
(Interval between onset and death) — 2 days
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex. A Weinstock M. D.
Address 4603 Park Heights Ave Date signed 1/25/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

F 88459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 88459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univerity Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Hunter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Leon Davis~~ David Beasley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1914

8. AGE: Years	Months	Days	If less than one day
27 28	-	-	hr. min.

9. Birthplace Victoria Va. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business -

FATHER 12. Name Dawn Beasley
13. Birthplace Va

MOTHER 14. Maiden Name Mary Cheatham
15. Birthplace Va

16 (a) Informant Edna Cheatham.
(b) Address 387 Bellgrave Rd

17 (a) Slipper (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Victoria Cem. Va
Location Prunburg County Va

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

JAN 25 1942 (Date rec'd by Local Registrar) (b) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 7 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ** (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Depressed fracture of Skull	
Due to Trauma about	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/6/42 at M
(c) Where did injury occur? 1415 McCulloh St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury struck by Stagged Screw Flying
23. Signature Wm Carlson Jr M.D.
Medical Examiner.
Date signed 1/22/42

VS 6

NW Gunby Catonsville

F 88460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 88460

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4004 Chatham Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Chatham Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Carliner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isaac
13. Birthplace Poland

MOTHER
14. Maiden Name Rebecca
15. Birthplace Poland

16 (a) Informant Dr. Carliner - Son
(b) Address 4004 Chatham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Washington, Pa.
Location Family plot

18 (a) Funeral director Jacob Levin Son
(b) Address 1432 E. Balto St.

19 (a) JAN 25 1942 (b) Local registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 19 42, at 12 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1941 to 1/24 1942, and that I last saw h-r alive on 1/22 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Coronary artery disease — 1937

Due to Diabetes Hypertension — "

Other Conditions — "

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 4320 Liberty Rd Date signed 1/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 38461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 88461

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Fairmount Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name)
(d) Street No. 506 N. Payson St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bessie Kaiser

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Jack
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Newark N. J.
(Town, county, and state)
10. Usual Occupation Home Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elizabeth S Shaffer
(b) Address 613 Haberton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-42 (month, day, year)
(c) Cemetery [redacted] Harrie Tolitz
Location Hingham Mill, Md.
18 (a) Funeral director Levi Levin Inc
(b) Address 1439 E. Balto St
19 (a) JAN 25 1942 (Date received) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 23 1942, and that I last saw her alive on Jan 23 1942.

Immediate cause of death	Duration
Gallstone ileus	1 wk
Due to	
Due to	
Other Conditions Old myocardial infarction	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julius Gelber
Address Sinai Hospital Date signed 1/24/42

VS 3

F 88462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 P

F 88462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 East Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 East Eager St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Forman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Grocer

11. Industry or business

FATHER
12. Name: Sam Forman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Bessie Shapiro
15. Birthplace: Russia

16 (a) Informant: Bertha Forman
(b) Address: 1713 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Har Sinai Boyd
Location: Randale

18 (a) Funeral director: Jack Louis Inc
(b) Address: 1439 E. Balto St

19 (a) JAN 25 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 8:30 AM

23. I certify that death occurred on the date above stated; that I last attended deceased from Jan 17 1942 to Jan 24 1942 and that I last saw him alive on Jan 24 1942

Immediate cause of death: Coronary occlusion

Due to: Hypertensive Cardiovascular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 6 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B. Gross M.D.
Address 2304 Eutaw Place Date signed 1/26/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 88463
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Fort Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Jo Rice

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	M.

6 (b) Name of husband or wife Charles
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) 9/29/1857

8. AGE: Years	Months	Days	If less than one day
84	3	27	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Jewell
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth J. Hemaker
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Estella Rice
(b) Address 618 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director D. F. McCauley
(b) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Signature and title of local registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to Jan 22 1942 and that I last saw h alive on Jan 22 1942.

Immediate cause of death

	Duration
Arterio sclerosis	
Due to with Hypertension	1 month
Due to Senility	—
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Streett M. D.
Address 421 E Fort Ave. Date signed 1/24/42

F 88464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 88464 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Pentridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Pentridge Road (If non-resident give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Forrest Talbot Sharts

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 460-01-0331

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marjorie Sharts
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 27 1888
8. AGE: Years 53 | Months 6 | Days 28 | If less than one day ____ hr. ____ min.
9. Birthplace Des Moines Iowa (Town, county, and state)
10. Usual Occupation Manager, Meyo Ironmongers
11. Industry or business J. K. Katz Co.

FATHER
12. Name Forrest Sharts
13. Birthplace Unknown

MOTHER
14. Maiden Name Lillian Smith
15. Birthplace Unknown

16 (a) Informant Marjorie Sharts
(b) Address 1518 Pentridge Road.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Sioux City Iowa
Location Sioux City Iowa

18 (a) Funeral director Williams Bros
(b) Address 1214 Locust St

JAN 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1941 to Jan 24 1942, and that I last saw h[illegible] alive on Jan. 24 1942.

Immediate cause of death: Uremia — Duration 5 days
Due to: Chronic nephritis — 4 months
Due to: Hypertensive arteriosclerotic heart disease — 3 years
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry M. Nevas M. D.
Address 202. Preston Street Date signed 1/25/42

F 88465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 88465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 Strickland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 3023 Strickland (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-09-2758

4 Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: M

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 8-1873

8. AGE: Years 68 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Cumberland Co. Va. (Town, county and state)

10. Usual Occupation Carpenter Retired

11. Industry or business B. & O. Ry Co.

FATHER
12. Name Samuel Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Webb.
15. Birthplace Tennessee

16 (a) Informant Catherine Barnes
(b) Address 3023 Strickland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wilkins Cook
(b) Address 1217 St Paul St

19 (a) 1-25-1942 (Registrar) (b) Huntington Willis (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 23 1942 and that I last saw [illegible] alive on Jan 22 1942

Immediate cause of death: 1 Myocardial Insufficiency — Duration: 3 days
Due to: 2 Pulmonary Oedema
Due to: 3 Chronic Brights — 10 yrs
Due to: 4 Arteriosclerosis
Other Conditions: Myocarditis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Zimmerman M. D.
Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 88466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Beaumont Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Dellman.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ****
6 (c) If alive, give age *** years

7. Birth date of deceased (mo., day, yr.) Jan. 22. 1861

8. AGE: Years	Months	Days	If less than one day
81	0	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name William R. Dellman
13. Birthplace Prussia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. R. G. Dellman.
(b) Address 505 Beaumont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave.

JAN 25 1942 (Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23/42 19 at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13/42 19 to 1/23 19 42, and that I last saw him alive on 1/22 19 42.

Immediate cause of death
Cerebro Vascular Hemorrhage
Due to
Due to Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
10 y
1 y

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. W. Whitehead M. D.
Address 4704 York Rd. Date signed 1/24/42

VS 2

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88467

F 88467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1042 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. This information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave + Madison St

(c) Hospital or institution: Maryland Veterans Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 9yrs-11mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2225 Aiken St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME LAWERENCE W STRAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1932

8. AGE: Years	Months	Days	If less than one day
9	11	14/15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Claude Stran

13. Birthplace City

MOTHER 14. Maiden Name Grace Moorhead

15. Birthplace City

16 (a) Informant Mother

(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1942 (month) (day) (year)

(c) Cemetery or crematory Loyola Knoll Cem.

Location Falls Rd. N. Seminary ave.

18 (a) Funeral director John A. Mohn.

(b) Address 4261 Beaumont Ave.

19 (a) (Date rec'd by local registrar) JAN 25 1942 (b) Huntingtown Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1942 at 11 38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1942 to 1-22 1942 and that I last saw him alive on 1-22 1942

Immediate cause of death

Pulmonary Edema

Due to Cavernous Sinus

Due to Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-22-42

Major findings of operation: Infected Ethmoidal Sinuses

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Luther B Hartsook M. D.

Address Md Gen. Hosp Date signed 1-22-42

F 88468

F 88468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Luzerne Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Capt. Henry J. Freburger

3 (b) If veteran, name war	3 (c) Social Security Account No.
***	213-18-1626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct. 13. 1870

8. AGE: Years	Months	Days	If less than one day
71	3	10	____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Tug Boat Capt.
11. Industry or business Marine

FATHER
12. Name Edward Freburger
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Thierman
15. Birthplace Maryland

16 (a) Informant Mrs Catherine Freburger
(b) Address 107 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Mohan
(b) Address 3000 E. Baltimore St.

19 (a) JAN 25 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27th 1942 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 27 1942 and that I last saw him alive on Jan 22 1942.

Immediate cause of death Myocardial Insufficiency

	Duration
Due to	
Due to	
Other conditions Arteriosclerosis, Emphysema, Congestion (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schwenck M.D.
Address 1357 S. Charles St. Date signed Jan 27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C Registered No.

F 88469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2925 W. Lt.
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 W Lanvale St. (If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country

165

3 (a) FULL NAME Anna Lee Sekowitz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1905

8. AGE: Years	Months	Days	If less than one day
36	10	17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business at Home

FATHER
12. Name Joseph W Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Rose
15. Birthplace Maryland

16 (a) Informant William T. Sekowitz.
(b) Address 2925 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Western.
Location Baltimore Maryland

18 (a) Funeral director E. B. Wipfert & Son
(b) Address 1624 Eutaw Place

19 (a) JAN 25 1942 (Date rec'd by registrar) (b) Washington Hill, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1942 to 1-23 1942 and that I last saw her alive on 1-23 1942

Immediate cause of death	Duration
Rheumatic cardiovascular disease	23 yrs
Due to	
Due to	
Other Conditions Pulmonary infarction & Hydrothorax (Include pregnancy within 3 months of death)	10 days

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 1-23-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-P

Registered No. F 88470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 Woodridgex Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Woodridge Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

16-8

3 (a) FULL NAME Carl A. Boeger

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Kathern M.
6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): July 8, 1889

8. AGE: Years	Months	Days	If less than one day
52	6	15	---hr. ---min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business: Baltimore City

FATHER
12. Name: Louis H. Boeger
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine Weber
15. Birthplace: Maryland

16 (a) Informant: Mrs. Kathern M. Boeger
(b) Address: 3803 Woodridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Baltimore Maryland

18 (a) Funeral director: J. D. Wisbert & Son
(b) Address: 1300 Eutaw Place

19 (a) JAN 25 1942 (Date received by registrar)
Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23/42, 19__, at 12:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1941 to 1/23 1942 and that I last saw him alive on 1942

Immediate cause of death: Ruptured Aneurysm. Arch of Aorta.
Due to: Arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: ---

Duration: ?

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Denver Laughlin M. D.
Address: 400 N. Payson Street Date signed 1/ /42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 88471 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Webster St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Webster St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Jennie A. Stoll (Stollar)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis E. Stoll

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 25 1896

8. AGE: Years	Months	Days	If less than one day
45	11	22	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Conrad Krauder
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jenny Schmidt
15. Birthplace Balto Md

16 (a) Informant Louis E. Stoll
(b) Address 1411 Webster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Road

18 (a) Funeral director Thos J. Kenny
(b) Address 1600 Hollins St

19 (a) [illegible] (Signature of Registrar) (b) Huntington Hilligues M.D. Registered

JAN 26 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17- 1942 to 1-22 1942, and that I last saw him alive on 1-22 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Essential Hypertension	6 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [illegible] Caldwell M. D.

Address 707 E. Fort Ave. Date signed 1-24-42

F 88472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Pylesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Willis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-18-1900

8. AGE: Years	Months	Days	If less than one day
41	11	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Willis
13. Birthplace Md -

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1942 (month) (day) (year)
(c) Cemetery or crematory AME Zion
Location Delta Pa
18 (a) Funeral director Robert P Hartsock
(b) Address Delta Pa
19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

JAN 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942 at 10 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1942 to Jan 25 1942 and that I last saw h[illegible] alive on Jan 25 1942

Immediate cause of death	Duration
diabetic acidosis	5d.
Due to diabetes mellitus	14y.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Higgins Jr. M.D.
Address Johns Hopkins Hosp Date signed Jan. 25, 1942

F 88473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 88473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-70

8. AGE: Years 71 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace 2 (Town, county, and state) MD

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Samuel Brown
13. Birthplace —

MOTHER
14. Maiden Name Janet Ferris
15. Birthplace 2

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Union Cem.
Location Lonaconing Maryland

18 (a) Funeral director C. H. Zeller & Bro.
(b) Address Brunswick Md

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

JAN 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942 at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan 25 1942 and that I last saw her alive on Jan 25 1942.

Immediate cause of death Uremia — Duration About 2½ hours.

Due to Carcinoma of cervix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.

Address Johns Hopkins Hosp Date signed 1-25-42

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 88474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157 M

F 88474 Registered No.

Type or print. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5015 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5015 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2541

3 (a) FULL NAME GEORGE GRACE (Certif. F-43464)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 24, 1942

8. AGE: Years	Months	Days	If less than one day
			8 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George Grace
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Julia Wheeler
15. Birthplace Baltimore, Md.

16 (a) Informant George Grace (father)
(b) Address 5015 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Washington Blvd

18 (a) Funeral director John J. Sowazzon
(b) Address 901 Hollins St.

19 (a) JAN 25 1942 (Registrar's signature) Registrar for Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan 24 1942, and that I last saw him alive on Jan 24 1942

Immediate cause of death: Malignant Tumor of Head
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
-

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Williamson, M.D.
Address 6 Randall St. Date signed 1/25/42

VS 3

F 88475 MA 70516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88475 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 550 W. Biddle street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Kenny

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218-05-2787

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife: Martha (seperated)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1884

8. AGE: Years 57 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Edward (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Crappel (d)
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Cemetery
Location Furman Mill Road
18 (a) Funeral director William E. White
(b) Address 1318 Light St.
19 (a) JAN 25 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1942 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1941 to 1-13 1942 and that I last saw him alive on 1-13 1942.

Immediate cause of death: Cardiac failure — Duration: ?
Due to: Hypertension C.V. disease — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Calkins M. D.
Address Balto. City Hosp. Date signed 1-24-42

VS 8

F 88476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 88476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2031 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ANDREW HAROLD JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-26-1940

8. AGE: Years	Months	Days	If less than one day
1	5	28 26	hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Olie E Jackson
13. Birthplace Tennessee

MOTHER
14. Maiden Name Irene Callahan
15. Birthplace Alabama

16 (a) Informant Olie Jackson
(b) Address 2031 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Rd

18 (a) Funeral director Edward Faulkner
(b) Address 2059 Pennsylvania Ave

19 JAN 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar
January

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Williams M.D.
Medical Examiner.
Date signed 1-24-42

VS 6

F 88477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88477

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Strickland St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophia W. Nilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-4268

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age 98 years

7. Birth date of deceased (mo., day, yr.) May 7 1895

8. AGE: Years	Months	Days	If less than one day
57	8	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Domestic

FATHER
12. Name C. F. Hagaman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary F Wemaring
15. Birthplace Md

16 (a) Informant Charles F. W. Hagaman
(b) Address 3171 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director George L. Lahmert
(b) Address 2101 Frederick Ave

19 Date received by registrar JAN 26 1942
Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1941 to June 24 1942 and that I last saw [illegible] alive on June 24 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Hypostatic Congestion	
Due to Vascular Disease	
Other Conditions Hemiplegia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Sawyer Jr M. D.
Address St. Agnes Hospital Date signed 1/25/42

The space is especially important. Physicians: please write the causes of death clearly and legibly.

F 88478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-

F 88478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 S. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Payson St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Clopein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Clopein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1862

8. AGE: Years	Months	Days	If less than one day
79	9 11	26 25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Housewife

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Mary E. F. Miller
15. Birthplace Germany

16 (a) Informant Mrs. Caroline Winter
(b) Address 103 S. Ironsides Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George L. Eglhuber
(b) Address 2101 Eastwick Ave

19 (a) (Deputy) (Registrar) (b) Huntington Williams, M.D. Registrar

JAN 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1942, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1941 to Jan 24 1942 and that I last saw her alive on Jan 23 1942

Immediate cause of death Carcinoma of Cervix Uteri — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Seagmeth M. D.
Address 1724 W. Lombard St Date signed Jan. 24 42

The entries on this certificate are especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

F 88479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 88479 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3429 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelso Tolson 71267

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1901

8. AGE: Years 40 | Months 3 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Tolson
13. Birthplace Md

MOTHER
14. Maiden Name Annie Hopkins
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem Park
Location Taylor ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N Broadway

19 (a) Filed JAN 26 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1942 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 22 1942, and that I last saw him alive on Jan 22 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 yrs

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balt. City Hosp Date signed 1-23-42

VS 8

F 88480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 88480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 S. Belnord
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 S. Belnord. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME John Piskor or Pisor or Bisco

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-5279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary Koral

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1879

8. AGE: Years	Months	Days	If less than one day
62	6	9	hr. min.

9. Birthplace Poland. (Town, county and state)
10. Usual Occupation Oyster schucker
11. Industry or business Farm — Mc Gee

FATHER
12. Name Joseph Piskor
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Subies
15. Birthplace Poland

16 (a) Informant Mrs. Mary Piskor
(b) Address 926 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk Ave

18 (a) Funeral director Stephen J. Fratkowski
Address 1000 S. Kenwood Ave.

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1942 to Jan 24 1942 and that I last saw h[illegible] alive on Jan 24 1942.

Immediate cause of death

	Duration
CEREBRAL HEMORRHAGE	1/16/42
Due to CHRONIC NEPHRITIS	2 YRS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation NONE
Major findings of operation: —
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Uhenga M. D.
Address 209 S. Exeter St. Date signed 1/25/42

VS 8

F 88481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 88481 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 34th Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore city
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Seneca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Orval Jennings Nail

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mrs. Orval Nail

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) September 6, 1890

8. AGE: Years 51 yrs | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Painter (Houses)

11. Industry or business

FATHER
12. Name Rose Naill
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Beaver
15. Birthplace Maryland

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Rhinehardt & Donovan
(b) Address 3615-17 Pennsylvania Ave, Huntington Terrace, Md.

19 (a) JAN 26 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1942, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1942 to 1/23 1942 and that I last saw h[illegible] alive on 1/23 1942.

Immediate cause of death Carcinomatosis | Duration 1 yr

Due to Carcinoma of rectum | 1½ yrs.

Due to

Other Conditions Secondary anemia | (?)
due to carcinomatosis & also to marasmus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Pt had operation at [illegible] Hosp. on Jan. 19th; they found Ca of rectum

of autopsy

PHYSICIAN: State the disease causing the danger to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen F. Delenett M. D.
Address Date signed

VS 3

Cancer age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88482 Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Aves
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Ensor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mamie D. Billhimer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Arthur Billhimer
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1/3/98

8. AGE: Years 44 | Months - | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Wm McCann
13. Birthplace md

MOTHER
14. Maiden Name Sarah A. Wattemyer
15. Birthplace md.

16 (a) Informant Arthur L. Billhimer
(b) Address 1535 Ensor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Christian Ave

19 (a) JAN 26 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942, at 2.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Jan 23 1942 and that I last saw h[illegible] alive on Jan 23 1942.

Immediate cause of death Respiratory failure — Duration

Due to Uremia

Due to Hypertensive cardio vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W A Scanga M.D.
Address St Agnes Hosp Date signed 1/27/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

F 88483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-B

F 88483 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Huntington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Huntington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret L. Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1930

8. AGE: Years	Months	Days	If less than one day
11	3	29	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation school
11. Industry or business

FATHER
12. Name John T. Foster
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara A. Foster
15. Birthplace Md.

16 (a) Informant John T. Foster
(b) Address 2123 Huntington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md.

18 (a) Funeral director C. Lengnaut & Son.
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 26 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942 at 2 23 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary small intestinis.	
Cystic Mesentary.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature W. R. Anderson M.D. Medical Examiner
Date signed 1/25/42

V8 6

F 88484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 88484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St
(c) Hospital or institution: Md. Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Albert Gibson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Unknown (1917)

8. AGE: Years 25 | Months ? | Days ? | If less than one day ... hr. ... min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Gibson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rogers
15. Birthplace Maryland

16 (a) Informant Mamie Laurence
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-42 (month) (day) (year)
(c) Cemetery or crematory Pine Orchard
Location Ellicott City Md

18 (a) Funeral director J. C. Hepburn & Son
(b) Address Ellicott City Md

19 (a) JAN 26 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1942, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1941 to Jan. 17 1942 and that I last saw [illegible] alive on Jan. 17 1942.

Immediate cause of death: Respiratory failure — Duration
Due to: Pulmonary tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Carbone M. D.
Address Md. State Penitentiary Date signed 1-17-42

VS 2

F 88485

MC(71330)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 88485

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 Houser street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myrtle Queen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1914

8. AGE: Years	Months	Days	If less than one day
27	5	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Charles Queen

13. Birthplace Maryland

MOTHER

14. Maiden Name Blanche ?

15. Birthplace Maryland

16 (a) Informant B.C.H. records

(b) Address 4940 eastern avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 27 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Dundalk, Md.

18 (a) Funeral director Walter D. Briggs

(b) Address 1300 Hamburg Rd.

19 JAN 26 1942 Huntingtown, Md.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942, to 1-24 1942, and that I last saw her alive on 1-24 1942

Immediate cause of death	Duration
Cerebral Metastasis	6 days.
Due to Carcinoma of Rt. breast with wide spread Metastases	4 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald B Webb M. D.

Address Balto City Md. Date signed 1-27-42

VS 3

F 88486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

F 88486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph Rainey (Birth F 3965 r)

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1941

8. AGE: Years	Months	Days	If less than one day
	12	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Rainey
13. Birthplace Virginia

MOTHER
14. Maiden Name Marie Simmons
15. Birthplace N. C.

16 (a) Informant Mother
(b) Address 646 Vine St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Disposed of by Hosp

18 (a) Funeral director
(b) Address Huntington Williams, Md.

19 (a) JAN 26 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1942 at 1050 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942 to Jan 14 1942 and that I last saw 1 alive on Jan 14 1942

Immediate cause of death: Acute gastroenteritis — Duration: 1 week
Due to
Due to
Other Conditions Marasmus, cardiac + Lung degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckline
Address Provident Hosp. Date signed 1/15/42

VS 8

Physicians: please write the causes of death clearly and legibly.

88487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
30-D

Registered No. F 88487

The F... every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 N. Eden St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balti (If outside city or town limits, write RURAL and give town)
(d) St. No. 306 N Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Swann

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 10 1870

8. AGE: Years	Months	Days	If less than one day
66	10	13	hr. min.

9. Birthplace Pocomoke City Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Dorsey
13. Birthplace Pocomoke City Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Pocomoke City, Md

16 (a) Informant Horace T. Cuthine
(b) Address 306 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 27 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location ~~Bal~~ Brooklyn Md.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1429 Jefferson St

19 JAN 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942 at 5:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1941 to Jan 23 1942, and that I last saw h[illegible] alive on Jan 23 1942.

Immediate cause of death Aortic Insufficiency — Duration 2 yrs
Due to —
Due to —
Other Conditions Aortic Aneurysm — 2 yrs
Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young
Address 1424 E Monument St Date signed 1/24/42

VS 3

F 88488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 88488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Caroline Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 8-13th Ave. (If rural give location) Brooklyn Park
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Catherine M. Keith

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Charles E. Keith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	8	6		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name John Mehm
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schulte
15. Birthplace Germany

16 (a) Informant Mrs. Ruth Maher
(b) Address 8-13th Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill
Location A. G. Co. Md.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4161 Edmondson Ave.

19 (a) JAN 26 1942 (Registrar) Huntington Williams, M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942, at 1.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1942 to Jan. 24 1942 and that I last saw her alive on Jan 23 1942

Immediate cause of death Broncopneumonia — Duration 2 da.
Due to
Due to Arteriosclerotic Cardio-Vascular Disease
Other Conditions Cerebral Thrombosis — 3 — 2 weeks

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Jan 26/42

VS 3

F 88489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 S. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 170 N Ramsay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Dubritton (Birth F- 42875)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1942

8. AGE: Years | Months | Days | If less than one day: 5 hr. 10 min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Frederick Dubritton

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Doris Klein

15. Birthplace Balto. Md.

16 (a) Informant Louis Frederick Dubritton

(b) Address 170 N Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 '42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3501 Frederick Rd

18 (a) Funeral director Harry A. Hitzke

(b) Address 4101 Edmondson Ave.

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1942, at 11 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1942 to Jan 25 1942, and that I last saw h[illegible] alive on Jan 25 1942 at 11 15 A.M.

Immediate cause of death: prematurity — Duration: 6 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Rutherford
Address 910 W. Lombard St Date signed 1/25/42 M.D.

VS 3

F 88490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-A F 88490 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 N Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 N Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Wiggins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1900.

8. AGE: Years	Months	Days	If less than one day
41	4	5 3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph Henry
13. Birthplace Maryland Md.

MOTHER
14. Maiden Name Willis ?
15. Birthplace Md.

16 (a) Informant Mrs Still (Aunty)
(b) Address 1107 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 26 42 (month) (day) (year)
(c) Cemetery or crematory Cambridge Md
Location Shipyard

18 (a) Funeral director Rayner Sanders
(b) Address 412 E Preston St

19 (Signature) Huntington Williams, M.D.

JAN 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1941, to Jan 23 1942, and that I last saw her alive on Jan 23 1942.

Immediate cause of death	Duration
Chronic Interstitial Nephritis & Uraemia	Probably 1 yr
Due to	
Due to	
Other Conditions Mitral Insufficiency	at least 1 yr.
Arteriosclerosis & Cystitis (Include pregnancy within 3 months of death)	

Date of operation none
Major findings of operation: none
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1429 E Monument St Date signed 1/24/42

VS 3

F 88491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 88491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 768 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 768 W Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie W. King

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1885

8. AGE: Years 57 | Months — | Days 4 | If less than one day hr. min.

9. Birthplace Essex Co, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bernard Reynolds
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Matilda Wilson
15. Birthplace Essex Co. Va.

16 (a) Informant Mrs. Carrie Jones
(b) Address 768 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 684 Druid Hill Ave.

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1942 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 20 1942 and that I last saw h[illegible] alive on Jan 20 1942.

Immediate cause of death: Acute Carcinoma — Duration: yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 768 W Mulberry Date signed Jan 26 1942

VS 3

F 88492 68762

BALTIMORE CITY HEALTH DEPARTMENT 13-B

CERTIFICATE OF DEATH

F 88492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 132 da
(e) Length of stay in Baltimore (yrs., mos., or days) 15 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 E. Eager St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Anderson 68762

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife William
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 7, 1920

8. AGE: Years	Months	Days	If less than one day
21	11	16	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jeff Jones
13. Birthplace Va

MOTHER
14. Maiden Name Annie Boyd
15. Birthplace Va

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (b) Date thereof Jan 29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory King Queen
Location Co Virginia

18 (a) Funeral director Robert E Williams
(b) Address 45 [illegible] Eager St

19 (a) JAN 26 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 19 42 at 10:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1941 to Jan 23 1942, and that I last saw her alive on Jan 23 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabenau M. D.
Address Balto. City Hosp Date signed 1-24-42

VS 3

Please write as expeditiously as possible. Physicians: please write the causes of death clearly and legibly. The

F 88493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Calvert 32 nd St
(c) Hospital or institution: Union Mem. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Club Rd, Cat (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Lucian S. Thayer (LUCIEN SKINNER THAYER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1864

8. AGE: Years 77 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Thayer, Mass
13. Birthplace Mass

MOTHER
14. Maiden Name Cordelia Skinner
15. Birthplace Mass

16 (a) Informant Mrs Ethel C. Cameron
(b) Address 1611 Cornwall Ave, Wash D C

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 26 42 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Maryland

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942, at 9 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1942, to Jan 25 1942, and that I last saw h[illegible] alive on Jan 25 19 42

Immediate cause of death Pulm Edema — Duration

Due to arteriosclerotic heart dis — years

Due to

Other Conditions Duodenal ulcer
Cystitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hedrick Jr. M.D.
Address Union Memorial Hosp. Date signed 1-30-42

VS 3

WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88494

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6503 Sefton ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6503 Sefton ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ROSA STAHL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Stahl (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1875

8. AGE: Years 66 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Joseph Schmidt

13. Birthplace Germany

MOTHER 14. Maiden Name Helena

15. Birthplace Germany

16 (a) Informant Mrs Louis Thomas

(b) Address 6503 Sefton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 27 | 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard Kuck

(b) Address 5305 Harford Rd

19 (a) JAN 26 1942 (Filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Myocardial Insufficiency — Duration 4 hrs.

Due to Generalized Arteriosclerosis

Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Janney M.D.

Address 7.0. Harford Rd. Date signed 1/26/42

VS 3

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. The information should be carefully supplied.

F 88495 A 62413 F 88495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 Lanchen Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LE ROY STEIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-3000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bertha Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16-1895

8. AGE: Years	Months	Days	If less than one day
47	-	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business

FATHER
12. Name Unknown John Stein
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marie Pickard
15. Birthplace Talbot Co Md

16 (a) Informant Wm J Rauschkolb
(b) Address 3218 Millbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Thompson J Ruch
(b) Address 5305 Harford Rd

19 (Registrar's signature) JAN 26 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 17, 1942 to January 24 1942 and that I last saw him alive on January 23, 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic Cardiac, Vavular Dis Cardiac Stenosis & mitral insuffic	25 yrs.
Due to	
Other Conditions Luetic aortitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congestive failure, chron. C.V.D. Luetic aortitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Ziegler
Address Sinai Hospital Date signed January 23, 1942

VS 2

Coverage is especially important. Physicians: please write the causes of death clearly and legibly.

F 88496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 88496 Registered No.

PRINCE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Baumgarten

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Lawrence Shreenberger
13. Birthplace Russia

MOTHER
14. Maiden Name Marie
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 JAN 26 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION 8:30 A.M.

20. DATE OF DEATH Jan. 25 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942, to Jan 25 1942, and that I last saw her alive on Jan 24 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Arterio-Sclerosis — 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Gill Hall M. D.
Address 1631 E North Ave Date signed 1/26/42

VS 3

F 88497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88497 Registered No.

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N C (b) County
(c) City or town Olin (If outside city or town limits, write RURAL and give town)
Street No. 718 N Payson st (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Herman Rash.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/23 N.C.

8. AGE: Years	Months	Days	If less than one day
19	—	24	hr. min.

9. Birthplace North Carlonia. (Town, county, and state)
10. Usual Occupation Student.
11. Industry or business

FATHER
12. Name Vernon Rash.
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Etta
15. Birthplace N.C.

16 (a) Informant Mr. Vernon Rash.
(b) Address Olin. N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Vernon Church, Cem.
Location Olin, N.C.

18 (a) Funeral director J. Leston Rueffelet
(b) Address 800 E 22nd St

19 (a) JAN 26 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942 at 2:10a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1942 to 1-26 1942 and that I last saw h alive on 19

Immediate cause of death
Peritonitus. — Duration 7 days

Due to Ruptured Appendix — 9 days.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1/18/42
Major findings of operation:
Peritonitus.
of autopsy: none.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Bon Secours Hospital Date signed 1-26-42

VS 3

F 88498 ✓ F 88498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3921 Park Heights.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Park Heights Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 17

3 (a) FULL NAME Charles W. Fisher,

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 217-18-3118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1877

8. AGE: Years	Months	Days	If less than one day
64	3	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Produce Salesman,
11. Industry or business Lexington Market

FATHER
12. Name Nicholas Fisher,
13. Birthplace Germany,

MOTHER
14. Maiden Name Barbara Keim,
15. Birthplace Germany,

16 (a) Informant Mrs. Catherine E. Hobbs,
(b) Address 3921 Park Heights Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore County,

18 (a) Funeral director L. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

19 (a) (b) Huntingtown Wilkinson, Md.

JAN 26 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1942 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1942 to Jan. 24 1942. and that I last saw him alive on Jan 23 1942.

Immediate cause of death: Coronary Occlusion — Duration: 3 days
Due to: Coronary Arteriosclerosis — Duration: Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury James D. Ashurst M.D.
23. Signature
Address 4012 Park Heights Date signed 1/24/42 M. D.

Certificate is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88499 88499

CERTIFICATE OF DEATH

114-E

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) 607 Brookwood Rd Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ALVA D FEETE — If U. S. Veteran specify WAR

(a) Residence: No. 607 Brookwood RD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

HUNTING RIDGE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of FLORENCE FEETE

6. DATE OF BIRTH (month, day, year) APRIL 18 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FUNERAL SUPPLIES

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FOR SELF

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME HENRY. C FEETE

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME MARY. E NULL

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT FLORENCE FEETE
(Address) 607 BROOKWOOD RD.

18. BURIAL, CREMATION, OR REMOVAL REFORMED CEM Date JAN 27 19 42

19. UNDERTAKER Bernard C Hoke
(Address) 121 E West St.

20. FILED JAN 26 1942 Huntingtown Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY. 23 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 4/42 to Jan 23/42 19..

last saw him alive on Jan 23/42 19.. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage due to Atelectasis — Date of onset

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B Holtzman M. D.

(Address) 1703 Eutaw

Published

50 0180

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 88500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 170-CH 88500

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street and No. 408 Crane Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY SCHNELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Fred. Schnell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) APRIL [illegible] 1857
8. AGE: Years 84 | Months 9 | Days 23 | If less than one day hr. min.
9. Birthplace Ill (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Wennhoff
13. Birthplace Holland

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Mrs. Cath. Nisi
(b) Address 4336 Park Side Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. West St.

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Intracranial injury — Duration

Due to

Due to

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 23, 1942 at 4 P.M.
(c) Where did injury occur? Raymond Rd. Anne Arundel Co. (Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury passenger in auto car
23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 1-27-42

VS 6

struck tree

F 88501 26 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88501 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Sewell.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-4609

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-6-1906

8. AGE: Years	Months	Days	If less than one day
36	—	18	hr. min.

9. Birthplace St. Marys County Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Fred Sewell
13. Birthplace Md

MOTHER
14. Maiden Name Julia ?
15. Birthplace Md

16 (a) Informant Elizabeth Sewell
(b) Address 704 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem- Location Balto County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) [illegible] (Date Filed by Registrar) [illegible] Washington Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Do not use abbreviations. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942, at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1942 to 1/24 1942 and that I last saw him alive on 1/24 1942.

Immediate cause of death	Duration
Acute Exacerbation of Chronic Glomerulo Nephritis & Uraemia	2 days
Due to Hypertension Cerebral Failure	
Due to Pulmonary Edema.	
Other Conditions Perforated Bowel Septum.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Hunter, Jr. M.D.
Address University Hosp Date signed 1/25/42

VS 8

F 88502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓ a

F 88502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Kenyon ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Kenyon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Bloberger (John F. Bloberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marian C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1887

8. AGE: Years	Months	Days	If less than one day
54 54	11	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Fire Department

11. Industry or business Headquarters

FATHER
12. Name John Bloberger
13. Birthplace Austria

MOTHER
14. Maiden Name Leta
15. Birthplace Germany

16 (a) Informant Marian C. Bloberger
(b) Address 3307 Kenyon Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave. Balto. Co.

18 (a) Funeral director Lilly & Bailer Inc
(b) Address 1603 Wolfe St.

JAN 26 1942

19 (a) (Date rec'd by registrar) (b) Huntington Millwood, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1942 at 8.05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy from Autopsy thereon and from the evidence obtained by said Autopsy and Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Mulderis M.D. Medical Examiner.
Date signed 1-23-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the cause of death

VS 6

F 88503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88503 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Winchester Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JAMES H. FLEET

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Laura Fleet

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1892

8. AGE: Years 49 | Months 1 | Days 3[illegible] | If less than one day ____ hr. ____ min.

9. Birthplace: Northumberland County, Virginia (Town, county, and state)

10. Usual Occupation: Stevedore

11. Industry or business

FATHER
12. Name: David Fleet
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Marion Branet
15. Birthplace: Virginia

16 (a) Informant: Records-US Marine Hospital.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/42 (month) (day) (year)
(c) Cemetery or crematory Northumberland County, Va.
Location

18 (a) Funeral director: George S. Kelson
(b) Address: 1303 Pleasant

19 (a) [illegible] JAN 26 1942 Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the cause of death

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1942, at 4:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1942, to Jan. 23, 1942, and that I last saw him alive on Jan. 23, 1942.

Immediate cause of death	Duration
Lobar pneumonia	7 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/24/42

88504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 88504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 Ensor Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Ensor Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Papp

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emory Papp
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 25, 1870

8. AGE: Years 71 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael Brandt
13. Birthplace Unknown

MOTHER
14. Maiden Name Cottek
15. Birthplace Unknown

16 (a) Informant Emory Papp (Husband)
(b) Address 1825 Ensor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave.

19 (a) JAN 26 1942 (Date received by registrar) (b) Per Huntington Williams, M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1942. at 10.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 1- 1941 to JAN 24 1942 and that I last saw h[illegible] alive on JAN 24 1942

Immediate cause of death: Dilating heart with thrombosis — Duration 3 days
Due to
Due to
Other Conditions Chronic Hypertension & Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No at No M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? No
(e) Means of injury None

23. Signature Otto H. Burke M.D.
Address 928 E. North Ave. Date signed JAN 26 1942

VS 3

88505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. E 88505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBRA - A. FEFEL.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George W. Fefel.

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) May - 19 - 1851.

8. AGE: Years 90 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore - Md.
(Town, county, and state)

10. Usual Occupation Housewife - at home.

11. Industry or business None.

FATHER
12. Name Louis Lell.
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name Margaret Chenoweth.
15. Birthplace Baltimore. Md.

16 (a) Informant Mrs. Ida Nichols.
(b) Address 503 N. Monroe St.

17 (a) Burial. (b) Date thereof Jan. 28/42.
(Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or crematory Loudon Park, Bm.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) JAN 26 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 - 1942 at 3.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1941 to Jan 25 1942; and that I last saw her alive on Jan 24 1942

Immediate cause of death: Hypostatic Pneumonia
Gradual Decline
Heart Failure — Duration

Due to: General Debility

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Phillips M. D.
Address 1939 Edmondson Ave. Date signed Jan. 26 '42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly. Be sure correct age is especially important.

VS 8

88506 F 88506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1035 W. Saratoga St. 18 WARD)

2-FULL NAME Dorothy Whitfield Guthrie

(a) RESIDENCE NO. 1035 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Guthrie

6 DATE OF BIRTH (month, day, and year) Apr. 14. 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General house-work
(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Whitfield
11 BIRTHPLACE OF FATHER (city or town) (State or country) Jefferson Miss.
12 MAIDEN NAME OF MOTHER Julia Lipsey
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Yazoo Miss

14 Informant (Address) John J. Guthrie 210 N. Carey St

15 JAN 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23. 1942

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1942, to Jan. 23, 1942
that I last saw h[illegible] alive on Jan 23, 1942
and that death occurred, on the date stated above, at 2:30 P. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam

(Signed) R. Garland Whitehill M. D.
Jan 24 1942 (Address) 1534 - Dumbarton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 27, 1942

20 UNDERTAKER McKaten & Williams — ADDRESS 322 Schroeder St

N. B.—WRITE PLAINLY, with pen and ink. All items must be answered. Information should be carefully supplied. Avoid use of abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

38507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-

F 38507
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 6008 Henderson Ave Govans
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Kennedy

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Martin Kennedy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23-1869

8. AGE: Years 72 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Texas Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Kenny
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Kane
15. Birthplace Ireland

16 (a) Informant Mrs Ann Osterowski
(b) Address 6008 Henderson Ave Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory St Joseph's
Location Texas Md.

18 (a) Funeral director Edgar R Zouck Lorraine
(b) Address 116 W. Mt. Royal Ave

19 (Date rec'd by registrar) JAN 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25th 1942 to Jan. 25th 1942
and that I last saw her alive on Nov. 19th 1941

	Duration
Immediate cause of death: Cerebral hemorrhage	few hrs.
Due to: Arteriosclerosis	unknown
Due to: -----	
Other Conditions: ------	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 401 E. 25th. St. Date signed 1/26/42.

Howard J. Madden M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death

VS 3

88508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓

F 88508 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Baltona Ave.
(c) Hospital or institution: EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Pinewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John R. Carberry

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-3994

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen L. Carberry
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug. 17-1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	5	7		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Floor Manager
11. Industry or business Mfg Co.

FATHER
12. Name Richard H. Carberry
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Randall
15. Birthplace Balto. Md.

16 (a) Informant Helen Lillian Carberry
(b) Address 2101 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 27 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Thos. A. Logue & Son Inc.
(b) Address 113 W. Mt. Royal Ave

19 (a) JAN 26 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

35

20. DATE OF DEATH 1/24/43 19 43 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 1/24 1943, and that I last saw h[illegible] alive on 1/23/43 19

Immediate cause of death: Carcinoma Colon + Rectum — Duration: 2 yrs

Due to

Due to

Other Conditions: Hy Dis H. Dis

(Include pregnancy within three months of death)

Date of operation: [illegible] 1941

Major findings of operation: Cancer Colon + rectum

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wheeler M. D.

Address 4309 York Rd Date signed 1/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. [illegible] correct age is especially important. Physicians: please write the causes of death clearly.

VS 2

F 88509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 88509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ellen Mahnie O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife James P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1883

8. AGE: Years	Months	Days	If less than one day
58	12	3	hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Griffin
13. Birthplace Balto Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Frank McLaughlin
(b) Address 1020 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location York Rd. Towson Balto Co.

18 (a) Funeral director Edw. St. Loughlin & Son
(b) Address 2216 E. Eager St.

19 (a) JAN 26 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942 at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Crushing Injury to Chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/24/42 at 8:45 P.M.
(c) Where did injury occur? 21 E. Chase St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Motor vehicle - auto car

23. Signature W. H. Vanderhoof M.D. Medical Examiner.
Date signed 1/25/42

PLEASE WRITE PLAINLY, WITH UNUSUAL CARE. Physicians: please write the cause of death correct age is especially important.

VS 6

F 88510 1028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88510
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Falls Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin C. Brennan

3 (b) If veteran, name war

3 (c) Social Security Account No. 21028

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Carrie Brannan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1878

8. AGE: Years	Months	Days	If less than one day
63	11	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Elevator operator
11. Industry or business City of Baltimore

FATHER
12. Name Charles H. Brennan
13. Birthplace Md

MOTHER
14. Maiden Name Melicia Dixon
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 421 Falls Road

19 JAN 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1942 to Jan 24 1942, and that I last saw h im alive on Jan 24 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	26 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackburn M. D.
Address Balto City Hosp Date signed 1-24-42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause

VS 3

F 88511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D F 88511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2625 Huntingdon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Disney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Allen Disney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23-1880

8. AGE: Years 61 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Odenton A. A. Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles N. Dyrham
13. Birthplace Maryland

MOTHER
14. Maiden Name Alcemia B. Gaither
15. Birthplace Maryland

16 (a) Informant Mrs. N. Franklin Apfel
(b) Address 2920 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-1942 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Anne Arundel Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) JAN 26 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942, at 4:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1941, to 1-24 1942, and that I last saw h alive on 19

Immediate cause of death: Uremia / Peritonitis

Due to Retention of urine

Due to Carcinoma of Rectum

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Rectum metastasis to ovaries
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zaeu M. D.
Address Date signed 1-24-42

PLEASE WRITE PLAINLY. ... correct age is especially important. Physicians: please ...

VS 2

F 88512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88512 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 418 N Broadway
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R Kurtz

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Florence Kurtz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20 1878

8. AGE: Years 64 Months — Days 6 If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Grocery Salesman

11. Industry or business Retired

FATHER
12. Name Chas Kurtz
13. Birthplace Pa

MOTHER
14. Maiden Name Elizabeth Rieper
15. Birthplace Pa

16 (a) Informant Florence Kurtz
(b) Address 418 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1942 (month) (day) (year)
(c) Cemetery or crematory Wildwood Cem
Location Williamsport Pa.

18 (a) Funeral director John Uhler
(b) Address 200 E Baltimore St

19 (c) JAN 26 1942 Huntington Williamsport, Md.
(Local registrar) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 to JAN 26 1942 and that I last saw him alive on JAN 26 1942

Immediate cause of death CORONARY THROMBOSIS — Duration 1 WEEK
PULMONARY EDEMA — 1
Due to ARTERIOSCLEROSIS — YEARS
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph G. Hills M. D.
Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 88513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88513

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2436 Jones h

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2436 Jones h (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Naomi Wales

3 (b) If veteran, name war

3 (c) Social Security Account No. 208-10-7797

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1876

8. AGE: Years 65 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Va (Town, county and State or foreign country)

10. Usual Occupation Housekeeper

11. Industry or business Private

FATHER

12. Name Marcus Wales

13. Birthplace Va

MOTHER

14. Maiden Name Sarah Means

15. Birthplace Va

16 (a) Informant Sarah Jones

(b) Address 510 24th St Nyc

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location

18 (a) Funeral director Charles H. Burkett

(b) Address 512 Lawrence St

19 (Signature of undertaker) JAN 26 1942 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Jan 24 1942, and that I last saw h alive on Jan 24 1942.

Immediate cause of death Cerebral Hemorrhage 7 days

Due to Organic Arterial Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Lee Selby M. D.

Address 512 Lawrence St Date 1/26/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correctly. Your certificate is especially important.

VS 8

28514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 88514
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Pennsylvania Ave S.E.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BYRON McNAMEE

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 28-1895
8. AGE: Years: 47 55 | Months: - | Days: - | If less than one day: hr. min.
9. Birthplace: Roanoke Va.
(Town, county, and state)
10. Usual Occupation: Druggist
11. Industry or business:

FATHER
12. Name: J. D. McNamee
13. Birthplace: Va.

MOTHER
14. Maiden Name: Margaret Dingwell
15. Birthplace: Va.

16 (a) Informant: Mrs M. Oakley
(b) Address: Roanoke Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-26-42 (month) (day) (year)
(c) Cemetery or crematory
Location: Roanoke Va

18 (a) Funeral director: Geo R. Berger Jr.
(b) Address: 1512 Wallis St

19 (a) JAN 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 25 1942 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to:

Due to:

Other Conditions: acute alcoholism

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Jan 25 1942 at 8 P.M.
(c) Where did injury occur? 212 S Pratt St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury: fell down steps

23. Signature: H. E. Williams M.D.
Medical Examiner.
Date signed 1-26-42

PLEASE WRITE PLAINLY, with ink. Correct age is especially important. Physicians: please write the cause

VS 6

88515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 88515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 2624 St. Paul Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL VINCENT MORNINGSTAR

3 (b) If veteran, name war: Wn

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1894

8. AGE: Years	Months	Days	If less than one day
47	5	0	hr. min.

9. Birthplace Carroll County, Maryland.
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (Signature of registrar) JAN 26 1942 Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY, WITH PENCIL. Physicians: please write the cause correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1942, to Jan. 25, 1942, and that I last saw him alive on Jan. 25, 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/26/42 M. D.

88516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 N. Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JULIA BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15. 1871

8. AGE: Years	Months	Days	If less than one day
70	3	9	hr. min.

9. Birthplace Anne Arundel Co Md (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Robert
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Dorothy Johnson
(b) Address 203 N. Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28. 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Hope
Location Baltimore County Maryland

18 (a) Funeral director Joseph A. Shirley
(b) Address 409 N Mount street

19 JAN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D.

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the ...

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 19 42 at 10 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Intermuscular subcutaneous emphysema	
Due to Trauma	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 1-27-42

VS 6

88517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-G F 88517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution:
Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 630 So. Fremont ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEON MICHINS (Birth F-38121)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1941

8. AGE: Years	Months	Days	If less than one day
	3	1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Michins
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Grace Lomax
15. Birthplace Richmond Va

16 (a) Informant Grace Michins
(b) Address 630 so Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph G. Sindy
(b) Address 940 North Mount St

19 JAN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1942 to 1-24 1942 and that I last saw him alive on 1-24 1942

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Umbilical hernia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp M. D.
Address Univ. Hospital Date signed 1-24-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correctly. Omit words not necessary to define the disease. Do not use abbreviations or symptoms. Be sure that the cause stated is the one which should be charged statistically. Your correct age is especially important.

VS 3

88518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. E 88518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: St Agnes Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. MERRIDALE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 654 North Bend Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph V. Beall

3 (b) If veteran, name war
3 (c) Social Security Account No. 717-07-5974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret A. Powne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9th 1887

8. AGE: Years	Months	Days	If less than one day
54	2	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Conductor - freight
11. Industry or business Penn. R.R.

FATHER
12. Name Thomas Beall
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Mayhew
15. Birthplace Md.

16 (a) Informant Mrs. Jos. V. Beall
(b) Address 654 Northbend Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) JAN 26 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 2:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Partial Amputation of Head
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/8
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/24/42 at 2:00 PM
(c) Where did injury occur? Roxbury 502 Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury: Struck by freight train
23. Signature H. W. Wachenfeld M.D.
Medical Examiner.
Date signed 1/25/42

PLEASE WRITE PLAINLY. WITH [illegible] correct age is especially important. Physicians: please write the cause of

VS 6

F 88519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 88519 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Carolina St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Life~~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Brapper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	b	Widow

6 (b) Name of husband or wife John Brapper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/1880

8. AGE: Years	Months	Days	If less than one day
61	2	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Phillip Gray
13. Birthplace A. A. Co. Md

MOTHER
14. Maiden Name Isabelle Gray
15. Birthplace A. A. Co Md

16 (a) Informant Richard Gray
(b) Address 1414 Orleans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Date received) (b) Huntington Williams, M.D.
JAN 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-42 19 , at 5a A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20, 1942 to Jan 25, 1942 and that I last saw h alive on Jan 24, 1942

Immediate cause of death
Robt Pneumonia
Due to
Due to
Other Conditions Complicated Pregnancy
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Moore Adams M. D.
Address 312 E 23rd
Date signed 1-26-42

PLEASE WRITE PLAINLY. Physicians: please answer correct age in especially important.

F. 88520

F 88520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. Patterson Pk. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Widow

6 (b) Name of husband or wife Ansel M. Hughes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mary Freeman
(b) Address 516 N. Bradford St.

17 (a) Burial (b) Date thereof Jan. 27 1942
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Nelson
(b) 600 Brantley ave

19 (a) JAN 27 1942
(Date rec'd by registrar)

Registrar

VS 2

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13- 1942 to 1-23- 1942 and that I last saw her alive on 1-22- 1942.

Immediate cause of death: Cardio-Renal Disease — Duration: unknown

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Campbell M. D.
Address 911 N. Caroline Date signed 1-24-42

F 88521 F 88529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 Jefferson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Jefferson St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	widower

6 (b) Name of husband or wife Mary Jones
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1/17/76

8. AGE: Years	Months	Days	If less than one day
66 65	0	6	hr. ..... min.

9. Birthplace N. Car
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Gertrude McRae
(b) Address 1634 Jefferson

17 (a) Burial (b) Date thereof Jan 27 1942
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 2[redacted] Brantley ave

19 (a) .....
(Date rec'd by registrar)

Huntington Williams, Md
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1942 at 10.50 P.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1942 to 1-23 1942 and that I last saw h[illegible] alive on 1/23 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days
Due to hypertensive cardio-vascular disease — unk.
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Rayner Browne, M. D.
Address 1500 E. Madison St Date signed 1/26/42

Rayner Browne

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physicians: please write the cause

F 88522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 151 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 E. Monument St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marjorie Johnson 68480

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Leory

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1914

8. AGE: Years	Months	Days	If less than one day
27	4	25	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation Laundering
11. Industry or business

FATHER
12. Name Henry Grant
13. Birthplace S.C.

MOTHER
14. Maiden Name Lula Tumbling
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28 42 (month) (day) (year)
(c) Cemetery or crematory Marion S.C.
Location S.C.

18 (a) Funeral director Edgar O Wilson
(b) Address 1000 Brantley St
(c) Date received JAN 27 1942 (d) Registrar Huntington Williams M.D.

VS 2

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1941, to Jan 26 1942, and that I last saw her alive on Jan 26 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 8 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 1-26-42

F 88523

F 88523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S Paca
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Wilkins

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Married

6 (b) Name of husband or wife Frank Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5 77

8. AGE: Years	Months	Days	If less than one day
64	3	9	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Chapman
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah Kessler
15. Birthplace North Carolina

16 (a) Informant Frank Williams
(b) Address 519 S. Paca St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) 1 (day) 27 (year) 43
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore

18 (a) Funeral director Walter P. Combs
(b) Address 139 W. Hamburg St

19 (a) JAN 28 1943 Huntington Williams M.D. Registrar
(Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 6:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 43 to Jan 27 43
and that I last saw alive on Jan 27 1943.

Immediate cause of death

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 1/28/43

PLEASE WRITE PLAINLY. Physician: please write correct age is especially important.

VS 3

F 88524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/23

*F 88524
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Bowie

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 218-09-3276
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1898
8. AGE: Years 44 | Months | Days | If less than one day hr. min.
9. Birthplace: A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Contractor
FATHER 12. Name: William Bowie
13. Birthplace: A. A. Co. Md.
MOTHER 14. Maiden Name: Florence Brailford
15. Birthplace: A. A. Co. Md.
16 (a) Informant: Minnie Nicholson
(b) Address: 660 A Ave S.
17 (a) (Burial, cremation, or removal) (b) Date thereof 1 27 42 (month) (day) (year)
(c) Cemetery or crematory: Odenton Md.
Location: [illegible] A. A. Co. Md.
18 (a) Funeral director: Walter B. Griggs
(b) Address: 134 W. Pleasant St.
19 (a) Jan 25 1942 (b) Huntington Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 8 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942, to Jan 24 1942, and that I last saw him alive on Jan 24 1942

Immediate cause of death	Duration
Bacillus infection generalized	
Due to Ischio-rectal abscess, bilateral	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan 13, 1942
Major findings of operation Ischio-rectal abscess, bilateral
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Lester Caplow
Address: University Hosp. Date signed 1-24-42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

F 88525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 88525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Cambrian (Cambrian Street) (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie R. Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles Lawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	2	hr. min.

9. Birthplace Sykesville, [redacted] Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Collins
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Elder
15. Birthplace Md.

16 (a) Informant Mrs. Schmidt
(b) Address 808 Beechfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location B.A.Co Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St. Baltimore, Md.

19 (a) JAN 27 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1942, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1942, to Jan. 26 1942, and that I last saw her alive on Jan. 25 1942.

Immediate cause of death	Duration
Heart failure	
Due to Carcinoma of Rectum	
Heart disease	
Due to Age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at AM PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Peace M. D.
Address 1/26/42 Date signed
Woman's Hospital

PLEASE WRITE PLAINLY, WITH UNFADING INK. Information must be complete and correct as age is especially important. Physicians: please write the cause of death clearly.

VS 3

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88526

CERTIFICATE OF DEATH ✓ 131-0 F 88526

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Hull St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Clark

(a) Residence: No. 1228 Hull St. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Clark

6. DATE OF BIRTH (month, day, year) Aug 1 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Cardens

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Clark (Address) 1228 Hull St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Jan. 28 1942

19. UNDERTAKER Maurice J. Flynn (Address) 1112 Light St

20. FILED JAN 27 1942 Huntington Williams M.D. Registrar.

N. B.—WRITE PLAINLY. All information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly ... OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 19 42

22. I HEREBY CERTIFY, That I attended deceased from June 21, 19 42 to June 25, 19 42

I last saw ... alive on June 25, 19 42 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 d
Bronchis Pneumonia	2 d

Other contributory causes of importance:

Arteria Sclerosis	6 mo
Chr. Interstitial Nephritis	6 mo
Hypertension	6 mo

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ths A Stearns M. D.

(Address) 2878 Hartford Rd

F 88527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-B

F 88527 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) Long time
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Dundalk
(d) Street No. 4 Graywood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Jeanette (MANDY) MANNENTI

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife Lorenzo Mannenti
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 - 1903

8. AGE: Years	Months	Days	If less than one day
38	3	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Nehus
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Rhoffe
15. Birthplace Germany

16 (a) Informant Catherine Pfigel
(b) Address 4608 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28 - 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John G. Connelly
(b) Address Essex Md.

19 (a) JAN 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1942 at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1941 to Jan 25 1942 and that I last saw h[illegible] alive on Jan 21 1942

Immediate cause of death — Duration

Subacute Bacterial Endocarditis
Due to Streptococcus Viridans in blood stream + abcd
Due to Rheumatic Heart

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis L. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed 1-27-42

PLEASE WRITE plainly. Physicians: please correct aged is especially important.

VS 2

F 88528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54-B

F 88528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Mistingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Rayner Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Lithuania

3 (a) FULL NAME Joseph N. Kurlis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-5276

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Ann M. Kurlis
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) May 15, 1897

8. AGE: Years	Months	Days	If less than one day
44	8	10	hr. min.

9. Birthplace Lithuania (town, county, and state)
10. Usual Occupation Presser
11. Industry or business Tailoring

FATHER
12. Name John Kurlis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Rosa ?
15. Birthplace Lithuania

16 (a) Informant Ann M. Kurlis (Wife)
(b) Address 1818 Rayner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Walter Boyd Bentley
(b) Address 1922 W. Mosher Ave.

19 (a) JAN 27 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1942, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1941, to Jan 25 1942, and that I last saw h[illegible] alive on Jan 24 1942.

Immediate cause of death	Duration
Tumor of the base of the brain	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Patterson
Address 2324 Reisterstown Rd Date signed 1/26/42 (M. D.)

PLEASE WRITE PLAINLY, with ink. Physicians: please write correct age is especially important.

VS 3

F 88529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/22-42

F 88529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Balto. Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Haubert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Elizabeth Burdynski (Borden)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank Burdynski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at home

FATHER
12. Name John Czajkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Frank Burdynski
(b) Address 1106 Haubert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29. 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) JAN 27 1942 Huntington Williams, M.D. Address 1213 Light St. Date signed 1-25-42

VS 3

PLEASE WRITE PLAINLY, ... correct age is especially important. Physicians: please ...

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25. 1942. 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1941, to Jan 25 1942, and that I last saw her alive on Jan 25 1942.

Immediate cause of death	Duration
Peritonitis	
Due to Laceration of bowel	
Due to Strangulated femoral hernia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Laceration of bowel
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Anthony Kangasniemi M. D.

F 88530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88530 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Harry Dax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie SAXNEEFOX
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) —— 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Isaac Dax
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Carrie Dax
(b) Address 1613 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Memorial Park Location Sunday's Lane

18 (a) Funeral director Jacob Levine and Son
(b) Address 1429 E. Balto. St.

19 (a) JAN 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1942, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1941, to Jan. 26, 1942, and that I last saw h alive on Jan. 26 1942.

Immediate cause of death Coronary occlusion

Due to Generalized arteriosclerosis

Due to

Other Conditions Gangrene of Lt. leg (Amputated)
(Include pregnancy within 3 months of death)

Major findings:
Of operations arteriosclerotic gangrene
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harnett Kirken
Address Sinai Hospital Date signed 1-28-42

PLEASE WRITE PLAINLY. Physician: please correct age is especially important.

VS 2

F 88531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88531 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Light Street
(c) Hospital or institution: Mercy Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Richardson Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Loretta Brokos

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frederick Brokos
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Jan. 26th 1907

8. AGE: Years	Months	Days	If less than one day
35	11	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Jesse Weinbrenner
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Frederick Brokos
(b) Address 1339 Richardson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location A. G. Co. Md.

18 (a) Funeral director Charles H. Dill
(b) Address 1501 E. Fort Ave

19 (a) JAN 27 1942 Huntington Williams M.D.

VS 1

PLEASE WRITE correct age is especially important. Physicians-

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1942, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1942, to 1/24 1942, and that I last saw h[illegible] alive on 1/24 1942

Immediate cause of death Lobar pneumonia (Pneumococcal) — Duration 1 week
Due to
Due to
Other Conditions Rheumatic heart disease, Cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Stein, M.D. M. D.
Address So. Balto. Md. Date signed 1/24/42

F 88532 MOSKEVICIENE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88532 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5115 Plainfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5115 Plainfield Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franciska Moskevičiene (Frances Moskevich)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant John Moskevich
(b) Address 5115 Plainfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 28 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaczorkas Sons
(b) Address 60 E. Wash. Blvd

19 (a) JAN 27 1942 (Filed by registrar) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 19 42, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 41, to Jan 25 19 42, and that I last saw her alive on Jan 24 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration 5 hours

Due to: Chr. Hypertension Arterio-sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J S Hardesty

Address 4840 Belair Rd Date signed M. D. 1/26/42

PLEASE WRITE PLAINLY. Physician please correct age is especially important.

F 88533 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 88533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Gray Jr

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/881

8. AGE: Years 60 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Long Green Md (Town, county, and state)
10. Usual Occupation Junk Man
11. Industry or business Peddler

FATHER
12. Name Chas H Gray Sr
13. Birthplace Long Green Md

MOTHER
14. Maiden Name Theresa Polstein
15. Birthplace Long Green Md

16 (a) Informant Ethel Gray (sister)
(b) Address 533 N Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Md Sec 75 R

18 (a) Funeral director Chas H Garfield
(b) Address 514 N Calhoun St

19 (a) JAN 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942 at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Slipped fracture L skull
Subcortical hematoma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/21/42 at 11 A.M.
(c) Where did injury occur? 1320 Pennsylvania Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck with fist

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 1/27/42

PLEASE WRITE PLAINLY. Fill in all blanks with full and correct data. Physicians: please write carefully. Your correct age is especially important.

VS 6

F 88534

F 88534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 151-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY
(b) Street address 1508 BRUNT STREET.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County CITY BALTIMORE
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 BRUNT STREET. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS JACKSON.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Estelle Jackson

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 19-1867

8. AGE: Years 74 | Months 10 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Church

FATHER 12. Name Allen Jackson

13. Birthplace ✓

MOTHER 14. Maiden Name Ellen Brent

15. Birthplace ✓

16 (a) Informant Estelle Jackson

(b) Address 1508 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. & G. County Md.

18 (a) Funeral director Chas Gordon

(b) Address 5147 N. Calhoun St.

19 (a) JAN 27 10AM 42 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 25 1942. at 3.A M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 8 1941, to JAN.25 1942, and that I last saw him alive on JAN.24 1942.

Immediate cause of death	Duration
CARCINOMIA OF PROSTATE JUNE	8 1941
Due to CHRONIC MYOCARDITIS	1941.
Due to ARTERIOR SCLEROSIS	1941
Other Conditions	

(Include pregnancy within three months of death)

Date of operation JUNE 15 1941

Major findings of operations CARCINOMIA OF PROSTATE.

Was autopsy: NO

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A. Clautice M.D.

Address 3013 SAINT PAUL STREET Date signed JANUARY 25.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the CAUSES OF DEATH correct age is especially important.

VS 3

F 88535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

× F 88535 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street and No. R. D. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Rayner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Aggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 10, 1[illegible]

8. AGE: Years: 51 | Months: 10 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Anne Arundel Co. (town, county, and state)

10. Usual Occupation: laborer

11. Industry or business

FATHER
12. Name: John Rayner
13. Birthplace: Anne Arundel Co.

MOTHER
14. Maiden Name: Amanda Bethel
15. Birthplace: Md.

16 (a) Informant: Lillie Miller
(b) Address: 409 No. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto

18 (a) Funeral director: Isaiah L. Brown
(b) Address: 08 N. Montgomery St.

19 JAN 27 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 1942 at 12 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Syphilis Aorta	
Due to arterio sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-23-42 at M
(c) Where did injury occur? Stanley Creek Road Anne Arundel Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Pedestrian struck by auto

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1-24-42

Please write plainly and correct age is especially important. Physicians, please

V8 4

F 88536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 867 Park ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 867 Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lilian Sue Keech

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Dr. Edw. P. Keech
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76	—	—	hr. min.

9. Birthplace A. A. Co Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Rev Anspach
13. Birthplace —

MOTHER
14. Maiden name Georgette Mathiot
15. Birthplace —

16 (a) Informant Campbell L. Sterling
(b) Address 2216 N Charles St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 28 1942 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Pachard Sts

19 (a) Date received by Registrar Jan 27 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1941 to Jan 26 1942 and that I last saw h[illegible] alive on 1/5/ 1942

Immediate cause of death Coronary Thrombosis — Duration 2

Due to Hypertension. Duration Several years.

Due to Arteriosclerosis

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore H. Monnon, M. D.
Address 11 E. Chase St Date signed 1/27/42

PLEASE WRITE PLAINLY. Physicians: please note correct age is especially important.

VS 8

88537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88537

Registered No. 83-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Argyla Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910, Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Rosa Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1877

8. AGE: Years	Months	Days	If less than one day
64	1	10	hr. min.

9. Birthplace West River A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation Waiter (Retired)
11. Industry or business

FATHER
12. Name John Richardson
13. Birthplace Westriver Md.

MOTHER
14. Maiden Name Harriet Parker
15. Birthplace Md.

16 (a) Informant Mrs Maggie Bowser
(b) Address 910 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore MD.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1942 at 11A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan 26 1942 and that I last saw h[illegible] alive on Jan 26 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2 Dy

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Hemsley
Address 578 W. Biddle St. Date signed 1/27/42 M.D.

PLEASE WRITE PLAINLY. Physicians: please correct age is especially important.

VS 3

F 88538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88538

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1643 W. North Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dana W. Bagwell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race Wht
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife J. Newton Bagwell
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) Dec. 10 1874
8. AGE: Years 67 | Months 1 | Days 16 | If less than one day hr. min.
9. Birthplace Hanover Penna
10. Usual Occupation Retired Engineer
11. Industry or business Railroad

FATHER
12. Name Wm. M. Wareham
13. Birthplace Carroll Co Md.

MOTHER
14. Maiden Name Kate Baumgardner
15. Birthplace Pa

16 (a) Informant J. Newton Bagwell
(b) Address 1643 N. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Holly Cem.
Location Onancock, Virginia

18 (a) Funeral director Wm. J. Linthicum & Sons.
(b) Address 22 W. Lanvale St.

19 (a) JAN 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1942 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 24 1942 to January 26 1942 and that I last saw h alive on January 24 1942

Immediate cause of death
Acute Indigestion
Severe Vomiting
Due to Very delicate
for about 20 yrs.
Due to Duodenal Ulcer

Other Conditions Heart Hypert. & Myocard.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Smith M. D.
Address 1405 N. Broadway Date signed 1/29/42

Please write correct age is especially important. Physician

VS 3

F 88539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88539 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Fowler, Jr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 4, 1914

8. AGE: Years 27 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace West Virginia (Thurmond, W. Va.) (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ralph Fowler, Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Constance Whitlock
15. Birthplace Clifton Forge, Va.

16 (a) Informant Mr. Ralph Fowler, Sr.
(b) Address 820 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-42 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan 25 1942 and that I last saw h[illegible] alive on Jan 24 1942.

Immediate cause of death: Diabetic Coma — Duration

Due to: Diabetes Mellitus

Due to:

Other Conditions: Congenital Idiocy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman M. D.
Address Franklin Square Hosp. Date signed 1/25/42

Physician's certificate is especially important. Please correct age is especially important.

VS 3

F 88540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88540 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEWIN WESLEY COMPTON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Caroline Compton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 5, 1868
8. AGE: Years 73 | Months 7 | Days 21 | If less than one day hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Butcher
11. Industry or business:

FATHER
12. Name: William Compton
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Louise Moran
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Roberta Wall
(b) Address: 1110 N. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Dickman & Sons
(b) Address: North & Pa. Ave.

19 (a) JAN 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942, at 12:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cerebral hemorrhage	
Due to Disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 1-26-42

Please write correct age in especially important. Physician:

VS 6

F 88541 ✓ F 88541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 N. Eutaw St.
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Howard Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Thomas Scarborough

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rachael Marian Scarborough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 24, 1871

8. AGE: Years	Months	Days	If less than one day
71	0	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Ins. Broker
11. Industry or business Prudential Life Insurance Co.

FATHER
12. Name Robert T. Scarborough
13. Birthplace Harford Co., Maryland

MOTHER
14. Maiden Name Martha Thompson
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Louise Scarborough
(b) Address 3218 Howard Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 27 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar) (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1942, at 10 3/4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1941, to Jan 26 1942, and that I last saw him alive on Jan 24 1942.

Immediate cause of death: Carcinoma of the tongue — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Tuttleman M. D.
Address 2324 Reisterstown Rd. Date signed 1/27/42

Correct age is especially important.

VS 2

F 88542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-W

F 88542 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Chesapeake Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James C. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6970

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar., 1901

8. AGE: Years 40 42 | Months 10 | Days | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Robert Davis
13. Birthplace South Carolina

MOTHER
14. Maiden Name Betsy Leapheart
15. Birthplace South Carolina

16 (a) Informant Lizzie Land
(b) Address 1606 Chesapeake Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemet
Location A. A. Co. Md.

18 (a) Funeral director Robt E Williams
(b) Address 1515 McElderry St

19 (a) (b) Huntington Williams, M.D. Registrar

JAN 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1942 at 7 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Garnett M.D. Medical Examiner.
Date signed 1/27/42

Please answer all questions. Physician: Be sure that cause of death and correct age is especially important.

88543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 88543 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 N.Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ####
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 N.Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E.Knighton

3 (b) If veteran, name war -------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec.25,186[illegible]

8. AGE: Years	Months	Days	If less than one day
7[illegible]	0	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John T.Knighton
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Margaret A.Pantz
15. Birthplace Baltimore Md.

16 (a) Informant James F.Knighton
(b) Address 1803 N.Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.28th/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 JAN 27 1942 by Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan.24th. 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Jan 24 1942 and that I last saw h[illegible] alive on Jan 24 1942

Immediate cause of death Cardiac Failure — Duration

Due to Hemiplegia (Left side)

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur G Mossinger M.D.
Address 800 E North Ave Date signed 1/25/42

PLEASE WRITE correct age is especially important. Typewriter preferred.

F 88544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

F 88544

Registered No.

MC(71324)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3621 noberts Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Munge

3 (b) If veteran, name war WW

3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1897

8. AGE: Years 45 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name Henry Munge
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara Munge
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Catonsville Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E. Fond St

19 (a) [illegible] Huntington-Williams, M.D.
(b) JAN 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1942, at 2:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 21 1942, to January 25 1942, and that I last saw him alive on January 21 1942.

Immediate cause of death: Pneumococcic Meningitis (Type 8) — Duration: 4 Days
Due to: Mastoiditis (Left) — 1 week
Due to: Otitis Media (Left) — 1 week
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1/21/42
Major findings of operation: Acute Mastoiditis & Otitis Media (Left)
of autopsy: Pneumococcic Meningitis

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Goodman M. D.
Address Balto. City Hosp. Date signed 1/25/42

Please write clearly and give correct age in especially important. Physicians

F 88545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 88545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE MILLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 414E

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 29 1871

8. AGE: Years	Months	Days	If less than one day
70	8	27	hr. min.

9. Birthplace Washington DC (town, county, and state)
10. Usual Occupation Baker
11. Industry or business Self

FATHER
12. Name Anthony Miller
13. Birthplace Washington DC

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wm F Miller
(b) Address 623 Register Ave Grmn

17. Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Williams Corp
(b) Address 1219 E Fort Ave

19 (a) JAN 27 1942 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 1:40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-27-42

PLEASE WRITE correct age is especially important. Physicians: please

VS 6

F 38546 ✓ F 38546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Green Haven, Pasadena, P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. Fourth St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Selma Herpel (Nee Eversmeier)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles Herpel
6 (c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): Feb. 22, 1890
8. AGE: Years 51 | Months 11 | Days 4 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: House wife
11. Industry or business: Own home

FATHER
12. Name: Frederick Eversmeier
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Catherine Muly
15. Birthplace: Germany

16 (a) Informant: Charles Herpel
(b) Address: Green Haven, Pasadena P.O.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 30 1942 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven Memo Pk. Location: Glen Burnie, Md.
18 (a) Funeral director: Thomas W. Singleton
(b) Address: Glen Burnie, Md.
19 (a) Jan 27 1942 Registrar: Huntington Williams, M.D.

VS 2

PLEASE WRITE PLAINLY; ... correct age is especially important. Physicians: please write the cause ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26 1942 at 8:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1942 to Jan. 26 1942 and that I last saw her alive on Jan. 26 1942.

Immediate cause of death: diabetic coma — Duration
Due to:
Due to:
Other Conditions: diabetic gangrene
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Christian F. Fichtler M.D.
Address: Bon Secours Date signed 1/26/42

F 88547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 88547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Logan Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-78-5383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1918

8. AGE: Years	Months	Days	If less than one day
23	10	23	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Md. Dry Dock.

FATHER
12. Name Charles Logan
13. Birthplace Va.

MOTHER
14. Maiden Name Cottie Stamps
15. Birthplace Va.

16 (a) Informant Cottie Stamps Higgins
(b) Address 811 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 27 1942 (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (a) JAN 27 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1942

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to Jan 24 1942, and that I last saw alive on Jan 24 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mos

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph [illegible] M.D.

Address 1429 [illegible] Date signed 1/26/42

Please write plainly. Be sure correct age is especially important. Physician, please

VS 2

F 88548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88548 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 S Streeper St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Obitz — George Marion Obitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-3563

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M.
6 (b) Name of husband or wife: Katherine L. Stahm
6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1879

8. AGE: Years 62 (62) | Months 4 | Days 13 | If less than one day: hr. min.

9. Birthplace: Long Green Md. (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business:

FATHER
12. Name: John Obitz
13. Birthplace: Not Known

MOTHER
14. Maiden Name: Margaret Monroe
15. Birthplace: Not Known

16 (a) Informant: Katherine L. Obitz
(b) Address: 609 S. Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Odonnell St.

18 (a) Funeral director: Havens & Hoffmann
(b) Address: 1342 N. Broadway

19 (a) JAN 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 25 1942 and that I last saw him alive on Jan 6 1942

Immediate cause of death: Coronary Thrombosis
Cardio-vasc. renal disease

Due to: Carcinoma Lung, Metastasis
Chronic nephritis

Due to: Toxemia of infection

Other Conditions: Infected
Rt Hand
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bethlehem Steel (Specify type of place) While at work? Yes
(e) Means of injury: accidental - nail in hand

23. Signature: Dennis E Scanlon Jr. M. D.
Address: Franklin Sq. Hosp. Date signed: 1/30/42

correct age is especially important

VS 3

88549 Staples

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109 ✓ Registered No. E 88549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5314 Biddison Lane
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James Staples

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/24

8. AGE: Years	Months	Days	If less than one day
18	0	23	hr. min.

9. Birthplace Washington D.C
(Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name William Staples
13. Birthplace Mass.

MOTHER
14. Maiden Name Margaret Downs
15. Birthplace New York

16 (a) Informant William J Staples
(b) Address 5314 Biddison Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location South Balto

18 (a) Funeral director Leonard Ruck
(b) Address 5305 Harford Rd

19 (a) JAN 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1942 at 11 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942 to Jan 25 1942, and that I last saw h 1m alive on Jan 25 1942.

Immediate cause of death: Unresolved pneumonia — Duration: months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Unresolved pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Barnett M. D.
Address Mercy Hosp Date signed 1/26/42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 3

88550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a

Registered No. F 88550

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 546 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 546 Mosher
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Mooney Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. widowed.

6 (b) Name of husband or wife Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 May 1885

8. AGE: Years 56 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Easton Shore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business -

FATHER
12. Name Jeby Mooney
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name -
15. Birthplace Eastern Shore, Md.

16 (a) Informant Hazel Mitchell
(b) Address 546 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. G. Kelson
(b) Address 1303 Pennsylvania

19 (a) JAN 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1942 to Jan 24 1942 and that I last saw h[illegible] alive on Jan 24 1942

Immediate cause of death	Duration
Acute Pyelonephritis	10 days
Due to Renal Calculi	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abraham Hyams M. D.
Address 2 W Madison Date signed 1/26/42

VS 3

correct age is especially important. Register

88551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) ~~City or town~~ Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Hoffman Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Lumley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name ~~of husband~~ or wife Clara M.

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) August 1, 1862

8. AGE: Years	Months	Days	If less than one day
79	5	25	hr. min.

9. Birthplace England. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name	William Lumley
FATHER — 13. Birthplace	England.
MOTHER — 14. Maiden Name	Mary ?
MOTHER — 15. Birthplace	England

16 (a) Informant Mrs. Clara M. Lumley

(b) Address Hoffman Ave - Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28. 42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.

Location Woodlawn, Maryland

18 (a) Funeral director J. B. Wilbert & Son

(b) Address 13 & Eutaw Sts Huntington Williams, Mgr. Place

19 (a) JAN 27 1942 (b) —

(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1941 to Jan 26 1942 and that I last saw him alive on Jan 26 1942

Immediate cause of death Respiratory failure — Duration

Due to Arteriosclerotic Cardio vascular disease

Due to —

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged primarily.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature W. A. Sampson Jr. M. D.

Address St Agnes Hosp Date signed Jan 26/42

PLEASE WRITE PLAINLY. Please see that the correct age is especially important. Physic

VS 3

F 88552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2529 E. Madsison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 E. Madison St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John C. Zamrzla

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lillian Zamrzla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 13, 1880

8. AGE: Years: 61 | Months: 4 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Engraving Business
11. Industry or business

FATHER
12. Name: Charles Zamrzla
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden Name: Matzko
15. Birthplace: Czechoslovakia

16 (a) Informant: Wife
(b) Address: 2529 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Charles E. Schimunek.
(b) Address: 2601-03 E. Madison Street

19 (a) JAN 27 1942 Registrar
(b) Date received: Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 25 1942 at 6-10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to Jan 25 1942, and that I last saw h[illegible] alive on Jan 25 1942

Immediate cause of death: Coronary Thrombosis — Duration: 1/23/42
Due to:
Due to: Chron. Myocarditis — May 1941
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William J. Rosario M.D.
Address: 801 Lenwood St. Date signed: 1-27-42

PLEASE WRITE PLAINLY. Items [illegible] correct age is especially important. Physicians: please write the [illegible]

VS 2

F 88553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-L

F 88553 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo14da
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Chase (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Oliver Beach (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALFONSO MICHAEL PAULERO

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosa Pucetti
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) August 15, 1888

8. AGE: Years	Months	Days	If less than one day
53	5	12	hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Gen Engineering

FATHER
12. Name John Paulero
13. Birthplace Italy

MOTHER
14. Maiden Name Philomena
15. Birthplace Italy

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Cavalry Va
Location Richmond Va

18 (a) Funeral director Fillmore Pole
(b) Address 1211 Cont Bl

19 (a) JAN 27 1942 (Registrar's signature) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1942 at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1941 to Jan. 27, 1942, and that I last saw him alive on Jan. 27, 1942.

Immediate cause of death	Duration
Bronchopneumonia, left lung	24 hr.
Due to Wide spread metastases to right lung right iliac fossa	Unknown
Due to Carcinoma of the colon	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4/4/41; 1/14/42
Major findings of operation: Biopsy
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J. Nichson M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/27/42

PLEASE WRITE correct age is especially important. Typewriter preferred.

F 88554

F 88554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the cause of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. Ann Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ROZALIA DROZD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Bogdan
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr. Joseph Drozd
(b) Address 305 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1922 E. Eastern Ave

19 JAN 27 1942 (Date rec'd by registrar) (b) Huntington Wilkins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1942 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to Jan 1942 and that I last saw h[illegible] alive on Jan 24 1942

Immediate cause of death Myocardial failure — Duration 2 days
Due to Generalized Arteriosclerosis — 2 yrs
Due to — over
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. LeDoux, M.D. M. D.
Address 601 S. Ellwood Ave Date signed 1/27/42

VS 3

88555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1450 Debaturn a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 Debaturn av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Krohn

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie Krohn
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business

FATHER
12. Name Edward Krohn
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Holly
15. Birthplace Germany

16 (a) Informant Conton Krohn
(b) Address 1450 Debaturn av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md

18 (a) Funeral director Francis Leach & Son
(b) Address 900 N. Chester St.

19 (a) JAN 27 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13, 1941, to 1-24, 1942, and that I last saw him alive on 1-24, 1942.

Immediate cause of death: Chronic Myocardial Degeneration — Duration 54 y.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Gallod M. D.
Address 707 S. Font Ave Date signed 1-27-42

PLEASE WRITE PLAINLY. Physicians: please correct age in especially important.

VS 3

88556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A31-a

Registered No. E 88556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Frederick Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3801 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Hook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Harry H. Hook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1870

8. AGE: Years	Months	Days	If less than one day
71	7	25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Hans Nic Fall
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Harry H. Hook
(b) Address 3801 Frederick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Florence Md

18 (a) Funeral director Harry A. Little
(b) Address 401 Edmondson Ave

19 JAN 27 1942 Huntington Williams, M.D. Registrar
Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 19 42 at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 19 42 to Jan 24 19 42 and that I last saw her alive on Jan 24 19 42

Immediate cause of death: Congestive Heart Failure — Duration: 10 days
Due to Osteoarthritis C-V
Renal disease
Due to
Other Conditions Large adenoma prostate - Acute bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Callen M.D.
Address 3801 Fred Ave Date signed 1-26-42

PLEASE WRITE plainly. Fill in all blanks with full information. Physicians: please write correct age is especially important.

VS 2

F 88557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 88557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balt. D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Col. Road N.W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Jean Adams

3 (b) If veteran, name war —

3 (c) Social Security Account No. 579-10-1725

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 21 1897

8. AGE: Years	Months	Days	If less than one day
44	3	4	hr. min.

9. Birthplace Somerset Co., Md.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William T. Adams
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden Name Margaret Matthews
15. Birthplace Somerset Co., Md.

16 (a) Informant Mrs. Margaret Henderson
(b) Address Pocomoke, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Haven Md

18 (a) Funeral director Wilson Cook
(b) Address 1217 St. Paul St.

19 JAN 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1942 at 2 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Found Drowned
(b) Date of occurrence 1-25-42 at 12 noon M
(c) Where did injury occur Harbor - Ft Mc Henry 5 Light St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Found drowned.

23. Signature Howard J. Henderson M.D.
Medical Examiner.
Date signed 1-26-42

correct age is especially important

VS 6

F 88558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 88558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1693 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Darley Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES APPEL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine E. Appel
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) May 25, 1886

8. AGE: Years	Months	Days	If less than one day
55	8	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Bernard Appel
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Berndt
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Appel
(b) Address 1693 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director John Ulluch
(b) Address 2006 Orleans St. Huntington Williams

19 (a) JAN 28 1942 (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1942 at 1230 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 24 1942 to Jan 26 1942 and that I last saw alive on Jan 26 1942.

Immediate cause of death Angina Pectoris

Due to Coronary Artery Occlusion

Duration 2 Days

Due to

Duration 2 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Gilbert Rosenberg M. D.
Address 2025 E. Hurtbe Date signed 1/27/42

VS 3

PRESS FIRMLY. Physician: please see that entries are correct and age is especially important.

F 88559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Hollins St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Anna Zill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1890

8. AGE: Years	Months	Days	If less than one day
52	0	18	hr. min.

9. Birthplace Hungary (town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Albert Weber
13. Birthplace Hungary

MOTHER
14. Maiden Name Upklown
15. Birthplace Hungary

16 (a) Informant Miss Margaret Weber
(b) Address 917 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 29 / 42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 90 Hollins St.

19 (a) JAN 28 1942 (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1942 at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Jan 26 1942, and that I last saw the alive on Jan 26 1942.

Immediate cause of death	Duration
Coronary Thrombosis	3 hours
Due to arteriosclerotic heart dis.	extreme
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Pocklewood M. D.
Address 910 W Lombard Date signed 1/29/42

correct age is especially important

F 88560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 - a Registered No.

F 88560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 McKean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 McKean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isidore Nusholtz

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-2129

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Baker

FATHER
12. Name Jerry Nusholtz
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Jerry Nusholtz
(b) Address 1619 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mts Carmel
Location O'Donnell St

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W Lexington St Baltimore, Md

19 (a) JAN 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942 at 10 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Anderson M.D. Medical Examiner.
Date signed 1/28/42

correct age is especially important

VS 6

F 88561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 88561

Registered No.

RG(71137)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Darby Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Eva Kirtilis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gus

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1890

8. AGE: Years 51 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Moston(d.)
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie Murphy (d)
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 eastern avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ehemouth & Donovan
(b) Address 3115-17 Chestnut Ave

19 (a) JAN 28 1942 Huntington Williams M.D.
(b) Date received JAN 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942 at 1 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1942 to 1-26 1942, and that I last saw her alive on 1-25 1942

Immediate cause of death: Carcinoma of cervix & generalized metastases — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Rijdom M. D.

Address B. C. H. Date signed 1-26-42

correct age if especially important

F 88562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1068 W. Fayette St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1068 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Webster Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17. 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	8	8		

9. Birthplace St. Mary's Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business (None?)

FATHER
12. Name Napoleon Jackson
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Ellazeine Bryan
15. Birthplace St. Marys Co. Md

16 (a) Informant Mary Ellen Hammond
(b) Address 1068 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 3204 Schroeder St.

19 (a) JAN 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1942, at 8 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage Apoplexy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Wolfsie M.D.
Medical Examiner.
Date signed 1-25-42

correct age is especially important.

V3 6

F 88563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-0

F 88563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Pitcher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Jackson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1925

8. AGE: Years	Months	Days	If less than one day
16	8	10	hr. min.

9. Birthplace Huntsville S.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Walter Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Evelyn Jackson
15. Birthplace Va

16 (a) Informant Mrs. Evelyn Jackson
(b) Address 3176 Nash St, W'ton, D. C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) JAN 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1942 at 2 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to Jan. 25 1942 and that I last saw h[illegible] alive on Jan. 25 1942

Immediate cause of death Streptococcic Sore Throat & Septicemia — Duration 2 weeks
Due to
Due to
Other Conditions Meningismus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raeburn W. Reckling
Address Provident Hosp Date signed 1/26/42

correct age in objective symptoms

VS 8

F 88564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green St
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 N. Schroeder St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NATHANIEL ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-40

8. AGE: Years	Months	Days	If less than one day
1	5	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER 12. Name William O. Robinson
13. Birthplace Virginia

MOTHER 14. Maiden Name Esther L. Branch
15. Birthplace Balto Md

16 (a) Informant Esther L. Robinson
(b) Address 2531 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 28 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 1-26 1942
and that I last saw h[illegible] alive on 1-26 1942.

Immediate cause of death	Duration
Tuberculous meningitis	3 days
Due to Pulmonary tuberculosis, ~~with infection~~	18 mos
Due to Miliary tuberculosis	
Other Conditions /	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy Miliary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Hemp M. D.
Address Univ. Hosp. Date signed 1-27-42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

F 88565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 W. Mulberry St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Elizabeth Thomas

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1897
8. AGE: Years 43 | Months | Days | If less than one day: hr. min.
9. Birthplace Howard County (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Thomas
13. Birthplace Guilford, Md.

MOTHER
14. Maiden Name Lillian Thomas (Grandma)
15. Birthplace Howard County

16 (a) Informant Lillian Thomas
(b) Address 1704 Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Charles H. Alexander
(b) Address 927 N. Mount St

19 (a) Jan 28 1942 Huntington Williams M.D.

VS 3

PLEASE WRITE PLAINLY. Physician: please see that information is correct and age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27, 1942, at 5:31 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Jan 27 1942, and that I last saw her alive on Jan 24 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. Douglas Sheppard M.D.
Address 1431 W Franklin Date signed 1/27/42

F 88566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-F

F 88566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 N. Wolfe Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE E. RUBY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Lester Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/ 18 80

8. AGE: Years	Months	Days	If less than one day
61	2	0	hr. min.

9. Birthplace Pennsylvania (City, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Lester Ruby
(b) Address 1900 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 JAN 28 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 19 42 at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1939 to Jan 26 1942
and that I last saw her alive on Jan 25 1942

Immediate cause of death
Myocardial Insufficiency — 3 years
Varicose Ulcer Lt Leg — 3 days
Cardiac Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Quenberg M. D.
Address 2025 E North Ave Date signed 1/27/42

correct age is especially important

VS 3

F 88567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 88567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Snyder Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. (CHARLES) Kyle JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-24-1911

8. AGE: Years 30 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Shut Mill Operator

11. Industry or business Beth Steel Co.

FATHER 12. Name William Johnson

13. Birthplace Virginia

MOTHER 14. Maiden Name Mildred Kyle

15. Birthplace Virginia

16 (a) Informant Mrs. Dorothy V. Cochart

(b) Address Staunton, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave. Rd.

18 (a) Funeral director John G. Connelly

(b) Address Expert for Huntington Hotel, Md

19 (a) JAN 28 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942 at 1 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of Skull

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation 1-26-42

Major findings of operation: Yes — as above

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-25-42 at 11 30 M
(c) Where did injury occur? Port Nine Outing Club Baltimore County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fall down steps

23. Signature H. H. Wallenmeier M.D.
Medical Examiner.

Date signed 1-27-42

VS 6

correct age is important

F 88568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 88568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland ave
(c) Hospital or institution: Melrose Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Iona TERRACE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BLANCHE H. O'BRIEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife: John M O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1878

8. AGE: Years	Months	Days	If less than one day
63	4	23	hrs min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Brewster
13. Birthplace Balto Md

MOTHER
14. Maiden Name Katherine Ahern
15. Birthplace Balto Md

16 (a) Informant John M O'Brien
(b) Address 3008 Iona Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Buck
(b) Address 5305 Harford Rd

19 (a) JAN 28 1942 (b) Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to 1/26 1942, and that I last saw her alive on 1/26 1942.

Immediate cause of death Hypertension Cardio Vascular Renal — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 5305 Harford Rd Date signed 1/27/42

correct age in capacity

VS 3

F 88569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 88569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINIA HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 852 HILLMAN COURT (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-2

3 (a) FULL NAME John Miller

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-14-8102

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: DIVORCED

6 (b) Name of husband or wife: SOPHIA MILLER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 1 1877

8. AGE: Years 64 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation STEEL WORKER

11. Industry or business

FATHER
12. Name LAWERENCE MILLER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKOWN
15. Birthplace BALTO. MD.

16 (a) Informant MRS. AURTHUR FEDELI (DAUGH)
(b) Address 852 HILLMAN COURT

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 31/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (c) JAN 28 1942
Received by registrar Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/ 1942, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19....

Immediate cause of death
Peritonitis — Duration 3 days
atelectasis — 3 days
Due to Carcinoma of Stomach & Oesophagus
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach & Oesophagus, with Metastasis
Of autopsy Same with atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Raffel
Address Sinai Hospital Date signed 1/29/42 M. D.

F 88570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 B F 88570

1. PLACE OF DEATH Levindale — Registered No. _____

CITY OF BALTIMORE: (No. Lemington + Belvidere Roads) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lena Goodman — If U. S. Veteran specify WAR _____

(a) Residence: No. Irenguring + Belvedere St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Max Goodman

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Guy Fendall (Address) Irenguring + Belvedere

18. BURIAL, CREMATION, OR REMOVAL Burial Hebrew Cem. 1/28/42, 19__

19. UNDERTAKER Just Louis Inc (Address) 1439 E. Baltimore St

20. FILED JAN 28 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1942

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1939 to 1-27, 1942

I last saw her alive on 1-27, 1942. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
arteriosclerosis	
Ch. Bronchitis	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. Edmund Levin M. D.

(Address) Levindale

OCCUPATION is very important. See instructions.

VS 3

F 88571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 88571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 54 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISAAC GARNER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Hanover, Md. (Town, county, and state)

10. Usual Occupation Auto cleaner

11. Industry or business

FATHER 12. Name Arthur Garner

13. Birthplace Alexandria, Va.

MOTHER 14. Maiden Name Helen ?

15. Birthplace Alexandria, Va.

16 (a) Informant Bernie Garner

(b) Address 54 W. West St.

17 (a) (Burial, cremation, or removal) (b) Date thereof JAN 30 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Cauley

Location

18 (a) Funeral director Adolphus Holstead

(b) Address 8 S. Edmondson Ave

19 (a) JAN 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 3 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Pulmonary tuberculosis	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 1-26-42

VS 6

F 88572

BALTIMORE CITY HEALTH DEPARTMENT

JN 71144 CERTIFICATE OF DEATH 124-a Registered No.

F 88572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 54 Market Space (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mike Ruppel

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1870

8. AGE: Years 71 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Leo Ruppel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 28 1942 (Date received by registrar) Huntington Williams M.D.

7008

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1942 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 1-16 1942 and that I last saw him alive on 1-16 1942

Immediate cause of death: G.I. Haemorrhage — Duration: 1 week
Due to: Esophageal varices — ?
Due to: Cirrhosis of liver — ?
Other Conditions — over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 1-28-42

CORRECT. ... IS ... [illegible]

F 88573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88573

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town No Home address
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tink Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 37 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant —
(b) Address —

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

70819

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942 at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1942 to Jan. 24 1942 and that I last saw [illegible] alive on Jan. 24 1942

Immediate cause of death: (a) Strangulation — Duration: 2 Weeks

Due to —

Due to —

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M. D.
Address [illegible] Date signed 1/29/42

correct age is especially important

F 88574 Dr Adams ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 88574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R Dales

3 (b) If veteran, name war | 3 (c) Social Security Account No. 217-01-0406

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1890

8. AGE: Years	Months	Days	If less than one day
51	5		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Gus Dales
13. Birthplace Va

MOTHER
14. Maiden Name Emma Hamlet
15. Birthplace Va

16 (a) Informant Lynette Maynard
(b) Address 1839 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co Md

18 (a) Funeral director Robt E Williams
(b) Address 1518 Wesley Ave

19 (a) JAN 28 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1942 at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1941 to Jan 27 1942 and that I last saw h. alive on Jan 27 1942

Immediate cause of death: Acute Dilatation of Heart — Duration: ?
Due to
Due to
Other Conditions Lobar Pneumonia Dec 24 '41

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Adams M. D.
Address 222 N. Caroline St (Date signed)

1-28-42

7 88575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. 7 88575

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 850 W 34 St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 W 34 St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Sarah E Smyth

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 26 1846

8. AGE: Years	Months	Days	If less than one day
75	6	29	hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation ~~Married~~ Housework
11. Industry or business At Home

FATHER
12. Name Wm H Smyth
13. Birthplace Md

MOTHER
14. Maiden Name Marian E Turner
15. Birthplace Md

16 (a) Informant Mrs John Smyth
(b) Address 850 W 34 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown Md

18 (a) Funeral director Geo Zepp Jr
(b) Address 1172 Hollins St
(c) Huntington Williams, M.D. Registrar

JAN 28 1942 (Date Received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN - 25 1942, at 7 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from JAN-13 1942 to JAN. 25 1942, and that I last saw h[illegible] alive on JAN 25 1942

Immediate cause of death	Duration
Nephritis	12 days
Due to Arteriosclerosis	3 yrs.
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arthur J Davies M. D.
Address 800 W 33rd St. Date signed 1-28-42

V8 8

F 88576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104

F 88576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1229 Hull St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter J. Legelski

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1941

8. AGE: Years	Months	Days	If less than one day
—	4	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Walter Legelski
13. Birthplace Jersey City N.J.

MOTHER
14. Maiden Name Ethel Bielinski
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Elizabeth Legelski
(b) Address 1229 Hull st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42. (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co.

18 (a) Funeral director George A. Weber
(b) Address 706 S Ann st

19 (a) JAN 28 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942 at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1942 to 1/28 1942 and that I last saw him alive on 1/27 1942

Immediate cause of death: Infantile Tetany — Duration
Due to Lipoid Pneumonia
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: not permitted

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Lucky M.D.
Address Md. Gen. Hosp Date signed 1/29/42

Please correct age is especially important. Physician

88577 JN 70909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 88577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 Mondawmin Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Schott

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1878

8. AGE: Years 63 | Months 1 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Schott (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Miller (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942, to 1-26 1942 and that I last saw him alive on 1-26 1942.

Immediate cause of death: Carcinoma of Stomach with metastases — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald C. Slebt
Address Balto City Hosp. Date signed 1-27 1942 M. D.

VS 3

F 88578 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

Registered No. E 88578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Raymond Fender

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1909

8. AGE: Years	Months	Days	If less than one day
32	10	8	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Truck operator
11. Industry or business

FATHER
12. Name Thomas M. Fender
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah J. Edwards
15. Birthplace North Carolina

16 (a) Informant Mrs Lewis Fender
(b) Address Pylesville Md. Ft Cadiff 5685

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Glor Cem
Location Harford Co Md

18 (a) Funeral director H. L. Bailey
(b) Address Darlington, Md

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JAN 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1942 to Jan 28 1942, and that I last saw him alive on Jan 27 1942.

	Duration
Immediate cause of death Pulmonary edema	12 hrs
Due to Cardiac failure	12 hrs
Due to	
Other Conditions Chronic alcoholism, Cardiac asthma	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 1-29-42

Please correct age is especially important.

88579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A

F 88579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 E. 21st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street address 515 E. 21ST ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD W. DOYLE.

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA DOYLE.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAR. 24TH 1881

8. AGE: Years	Months	Days	If less than one day
60	10	1	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation SALES MAN.
11. Industry or business

FATHER
12. Name JOHN DOYLE.
13. Birthplace NEW YORK.

MOTHER
14. Maiden Name CATHERINE O'CONNELL.
15. Birthplace BALTO.

16 (a) Informant MRS. C. DOYLE.
(b) Address 515 E. 21ST ST.

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 1/27/42 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL CEM.
Location

18 (a) Funeral director Sexton Undertaking Co.
(b) Address 329 East Lexington St.

19 JAN 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 20TH 1942, at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1942, to Jan 25 1942, and that I last saw h[im] alive on 1-25 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Olga O. Ryan M. D.
Address 423 E. North Ave. Date signed 1-27-42

correct age is especially important

88580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 88580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 N Bruce
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 37 N. Bruce St.
(If rural give location)
(f) If foreign-born, how long in U. S. A.? Life years

3 (a) FULL NAME Baby boy Butler (Butler F- 44355)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-42

8. AGE: Years	Months	Days	If less than one day
			hr. 40 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Nathaniel Folsom
13. Birthplace Georgia?

MOTHER
14. Maiden Name Verona Butler
15. Birthplace Camilla, Georgia

16 (a) Informant Mother
(b) Address 37 N. Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1942

18 (a) Funeral director Commissioner of Burials
(b) Address Per H. A. Moore

19 (a) JAN 28 1942 Huntington Williams M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-42 19—, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 1-25 1942, and that I last saw him alive on 1-25 1942.

Immediate cause of death	Duration
Atelectasis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller M. D.
Address Univ. Hosp. Date signed 1-27-42

7010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88581 | CERTIFICATE OF DEATH | 88581

1. PLACE OF DEATH 741 Northern Parkway — Registered No. 83-a

CITY OF BALTIMORE: (No. 741 St., 27-B Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Bee Ryan Blake — If U. S. Veteran specify WAR ...

(a) Residence: No. 741 Northern Pkwy St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: MUSBAND of (or) WIFE of John Joseph Blake

6. DATE OF BIRTH (month, day, year) July 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Susquehanna Pa

FATHER

13. NAME Timothy Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Tawley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mayor Harold Blake (Address) Salt Lake City Utah

18. BURIAL, CREMATION, OR REMOVAL Salt Lake City Date Jan 29 1942

19. UNDERTAKER John J. Moran (Address) Moore & Bates

20. FILED JAN 30 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1941 1942 to June 26 1930 1942

I last saw him alive on January 26, 1942. Death is said to have occurred on the date stated above, at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eldard Roberts M. D.

(Address) 6100 York Road Baltimore Md.

Howard J. Madden M.D.

OCCUPATION is very important. See instructions.

F 88582 (1544) BALTIMORE CITY HEALTH DEPARTMENT 108 F 88582

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3134 Belmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3134 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence C. Arnold

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 213-03-9857

4. Sex: White | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C.
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14 1893

8. AGE: Years 49 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Pipe cutter
11. Industry or business Shipyard

FATHER 12. Name Henry T. Arnold
13. Birthplace N. Carolina

MOTHER 14. Maiden Name Lucy T. Black
15. Birthplace N. Carolina

16 (a) Informant Mary C. Arnold
(b) Address 3134 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1210 Pine St

19 (a) 7401 82 W (Date rec'd by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942 at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said H. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Saudler M.D. (Medical Examiner)
Date signed 1/28/42

88583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

199 Registered No. E 88583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Mem Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 – Park Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas M. Whedbee (THOMAS MARTIN WHEDBEE)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1879

8. AGE: Years 62 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name James S. Whedbee
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Elizabeth M. Manly
15. Birthplace N. Carolina

16 (a) Informant C. M. Whedbee
(b) Address 1515 Bolton St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Embalmed (Yes or No) (b) Huntington Williams, M.D.

JAN 28 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942, at 1-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19-41 1941, to Jan 27 1942, and that I last saw h[illegible] alive on 1-27 1942.

Immediate cause of death Hypocapnia
Cholecystitis unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Faber M.D.
Address Union Memorial Hosp. Date signed 1-27-42

correct/age is especially important

88584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D Registered No. F 88584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Mc Kean Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Mc Kean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Halbig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of ~~husband~~ wife Frank H. Halbig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 [illegible] 1891

8. AGE: Years	Months	Days	If less than one day
51	0	17	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Counts

13. Birthplace Md

MOTHER 14. Maiden Name Mary Mahoney

15. Birthplace Md

16 (a) Informant Mrs. Margaret Ball

(b) Address 94 E. Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Guy L. Bayne Jr

(b) Address 4512 Rolling Rd

19 (a) JAN 28 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942 at 12:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion
Due to Syphilitic aortitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 1/28/42.

Correct age is important.

VS 6

88585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 Registered No. E 88585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution: Wilkens + Caton
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 Fairfield Dr Catons (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Knotts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife late Elmer Knotts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1824

8. AGE: Years	Months	Days	If less than one day
67 yrs 80	8	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj. Douglass
13. Birthplace Md.

MOTHER
14. Maiden Name Georgianna Porter
15. Birthplace Md.

16 (a) Informant Mrs Thelma Schutsat
(b) Address 103 Fairfield Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md.

18 (a) Funeral director Geo. F. Boyer Jr.
(b) Address 1512 Hollins St.

JAN 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942 at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 29 1941 to Jan 28 1942, and that I last saw h[illegible] alive on Jan 28 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage	
Due to	
Other Conditions Atrophy Sept Cerebral Hemisphere (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Bourne Jr. M. D.
Address St Agnes Hosp Date signed 1/28/42

correct age is especially important. Physician

VS 3

88586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 88586 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 - 2nd St. (If rural give location)
(e) Within limits of foreign country? (Yes or No)
If yes, name country ~

3 (a) FULL NAME NELSON-LEO-LOWERY

3 (b) If veteran, name war ~

3 (c) Social Security Account No. 217-07-4944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Alma M. Lowery (nee Myers) 6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1907

8. AGE: Years	Months	Days	If less than one day
34	8	28	— hr. — min.

9. Birthplace Talbott Co., Md (Town, county, and state)
10. Usual Occupation Electric Molder
11. Industry or business Crown Cork & Seal Co.

FATHER
12. Name Joseph Lowery
13. Birthplace Talbott Co., Md

MOTHER
14. Maiden Name Sally Hackaway
15. Birthplace Talbott Co., Md.

16 (a) Informant Mrs Alma M. Lowery (Wife)
(b) Address 3800 - 2nd St. Brooklyn, Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Park
Location Anne Arundel Co., Md.

18 (a) Funeral director R. Howard Evans
(b) Address 1400-0 E. Eden St.

19 JAN 28 1942 Huntington Williams, M.D. Registrar

correct age if especially important

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns, 2nd, 3rd degree, entire body.
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-22-42 at 2 61 M
(c) Where did injury occur? Crown Cork & Seal Co Highlandtown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Explosion of Gasoline

23. Signature H. L. Williamson M.D. Medical Examiner
Date signed 1-27-42

88587
467585
K 08-8-349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No. F 88587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Pasadena, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Severn Beach (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Brockery

3 (b) If veteran, name war

3 (c) Social Security Account No. 342-05-3318

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife (nee Arcand) Alice L. Brockery

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 3-20-1903

8. AGE: Years 38 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Wyoming (Beaver) (Town, county, and state)

10. Usual Occupation Tool Inspector

11. Industry or business Dyeing & Printing Cloth

FATHER
12. Name Patrick Brockery
13. Birthplace Ireland

MOTHER
14. Maiden Name Olive Shaymakys
15. Birthplace Ireland

16 (a) Informant Friend
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem. Park
Location Anne Arundel Co., Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 E. Biddle St

19 JAN 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27- 1942 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26- 1941 to 1-27- 1942 and that I last saw her alive on 1-27- 1942.

Immediate cause of death HEART FAILURE — Duration

Due to KAPOSI'S DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation BIOPSY 12-26-41

Major findings of operation: PATHOLOGICAL LYMPH GLANDS

of autopsy: SARCOMATOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams Gray Watson M. D.
Address Johns Hopkins Hosp., Date signed 1-26-42

Correct age is extremely important

VS 1

88588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a F 88588

Reg. Dist. No.

PLACE OF DEATH:
(a) City Baltimore City
(b) Town Baltimore 645 Calhoon St
(If outside city or town limits, write RURAL NEAR and give town)
(c) Name, hospital, or institution:
(d) If hospital or inst. (yrs., or mos., or days)
(e) If in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State Md County Balto Co
City or town (If outside city or town limits, write RURAL NEAR and give town) Mayo Ward No.
Street No. 16
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

1. FULL NAME ELNORA Sellman Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	married

(b) Name of husband or wife Daniel Smith (c) If alive, give age 63 years

Birth date of deceased (mo., day, yr.) August 30 1884

AGE: Years	Months	Days	If less than one day: hrs.	min.
57	6	28		

9. Birthplace Pasmock Co. Md (Town, county, or state)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER

12. Name Wesley Sellman
13. Birthplace Ann Co. Md
14. Maiden name Coates
15. Birthplace Ann Co. Md

16. Informant Daniel Smith
Address Mayo, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 1, 1942 (month) (day) (year)
Cemetery or crematory Mayo
Location Mayo Md
18. Funeral director T A HARDESTY & SON
Address GALESVILLE, Md

JAN 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 1942 to Jan. 28 1942 and that I last saw h alive on Jan. 25 1942

Immediate cause of death Cerebral Hemorrhage — DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. N. Pfeiffer M.D.
Address 1360 W. Lanvale St Date signed 1-29-42

8589 MA 69113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

Registered No. E 88589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital of inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 160 Dolphin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Edward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1882

8. AGE: Years 59 | Months 5 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace West Indies (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Edward King
13. Birthplace West Indies

MOTHER
14. Maiden Name Edna King
15. Birthplace West Indies

16 (a) Informant B. C. H. records
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 [illegible] 30 1942
(Signature of Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1942 at 11 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1941 to 1-27 1942 and that I last saw h[illegible] alive on 1-27 1942

Immediate cause of death: Cardiac failure — Duration: 3 mos.
Due to: Hypertensive C.V. disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun
Address Balto. City Hosp. Date signed 1-30-42 M. D.

F 88590

WIEGER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 88590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Portland St.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. DC (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
Street No. 925
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hyman Wieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs Wieger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Liquor dealer

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) Final Removal Date thereof 1-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Washington DC
Location Washington DC

18 (a) Funeral director B Davansky
(b) Address 3501-14th St N W Washington DC

19 (a) JAN 29 1942 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1942 to Jan 28 1942, and that I last saw him alive on Jan 24 1942.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerosis

Due to

Other Conditions Pneumonia of Vegetations

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Occlusion Rt. Coronary artery

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Boris Craft M.D.
M. D.
Address Sinai Hospital Baltimore Date signed 1/29/42

VS 2

M. D. F. 1208-9

F 88591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88591

CERTIFICATE OF DEATH ✓ 93 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 McElderry St. 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cornelia Whiteley

(a) Residence: No. Choptank, Caroline Co. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William Thomas Whiteley

6. DATE OF BIRTH (month, day, year) April 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne County Md

FATHER

13. NAME John Trice

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

MOTHER

15. MAIDEN NAME Amelia —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Whiteley

(Address) 2902 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Hill Crest Federalsburg Md Date Jan 30, 1942

19. UNDERTAKER J. Frampton

(Address) Federalsburg Md

20. FILED JAN 29 1942 19 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Jan. 28 1942

I last saw h[illegible] alive on Jan. 28 1942 Death is said to have occurred on the date stated above, at 5-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Hypertensive Heart	
Hypertension	

Other contributory causes of importance:

Apoplexy	18 days

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Vincent H. Doake M. D.

(Address) 845 N. Patterson Pk Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 88592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-aF 88592

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Eaton
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annd Gebhart (Annd Kirwan Gebhart)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: None

6 (b) Name of husband or wife: Ernault J. Gebhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 18, 1875

8. AGE: Years 66 | Months 10 | Days 10 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Registered Nurse
11. Industry or business

FATHER
12. Name: Edmonds Wadsworth Kirwan
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Amanda M Ewen
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Agnes M. Preston
(b) Address: P. O. Brentwood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

19 (a) JAN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28. 1942, at 5:5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1942 to Jan 28 1942 and that I last saw h[illegible] alive on Jan 27 1942

Immediate cause of death: Cardiac failure
Due to: Carcinoma of recto sigmoid (metastatic)
Due to: Carcinoma of ovary
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Stanger M. D.
Address St Agnes Hosp. Date signed 1-29-42

VS 2

Form is especially important that correct age is entered.

F 88593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132 D F 88593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Alto Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Alto Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA Estelle CADY

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: B. Ralph Cady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 22, 1870

8. AGE: Years: 71 | Months: 11 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William Sutton
13. Birthplace: Baltimore Co., Md.

MOTHER
14. Maiden Name: Elizabeth Ann Dela Chaunce
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. B. Ralph Cady
(b) Address: 3404 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/42 (month) (day) (year)
(c) Cemetery or crematory: Ft. Lincoln
Location: Washington, D. C.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc
(b) Address: North & Pa. Avenues

19 (a) JAN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942; at 10 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Intestinal obstruction — Duration

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.

Date signed 1-26-42

F 88594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution:
Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Twelve days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Baker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Wood Price (Frances Wood Price)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Orlando Knox Price, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1891

8. AGE: Years	Months	Days	If less than one day
51	0	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles W. Wood
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Georgie Cox
15. Birthplace Harpers Ferry, W. Va.

16 (a) Informant Mr. Orlando K. Price, Sr.
(b) Address 3107 Baker Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/42 19 , at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 19 42 to 1/27 19 42 and that I last saw him alive on 1/27 19 42.

Immediate cause of death Myocardial degeneration — Duration Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1/22/42
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Mitchell M. D.
Address Md. Gen. Hosp. Date signed 1/27/42

Please write clearly and correct age is especially important. Physicians, please

F 88595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Mosher St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie R. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	no	female	white	single

6 (b) Name of husband or wife no
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 19, 1856

8. AGE: Years	Months	Days	If less than one day
86	0	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Teacher
11. Industry or business Balto. City Schools

FATHER
12. Name Richard H. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jane Snyder
15. Birthplace Balto. Md.

16 (a) Informant Elsie S. Duff
(b) Address 2726 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Balto. Co. Md.

18 (a) Funeral director ~~[illegible]~~ O. Mitchell Lowe
(b) Address 1900 Eutaw Place

19 (a) JAN 29 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 27, 1942 19 at 10:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1941 to 27 Jan 1942 and that I last saw her alive on Jan 26 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs.
Due to Arteriosclerosis	6 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lauros N. Gordon
Address 4100 Colonial Rd. Date signed 1/30/42

correct age is especially important

VS 3

F 88596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella S. Masemore

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Jeremiah A. Masemore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1860

8. AGE: Years	Months	Days	If less than one day
81	2	27	hr. min.

9. Birthplace Relay, Md. (Town, county, and state)
10. Usual Occupation housewife -- retired
11. Industry or business

FATHER
12. Name Willian S. Sullivan
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah E. Wilcox
15. Birthplace Md.

16 (a) Informant Matilda Sullivan
(b) Address 1404 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North & Milton Aves.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date received) JAN 29 1942 (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1942, to Jan 28 1942 and that I last saw her alive on Jan 29 1942.

Immediate cause of death
Chronic Myocarditis
Due to old age.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
several years.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Medical Arts Bldg. Date signed

Please see that correct age is especially important.

F 88597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 88597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & A
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 H13 Woodhaven Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA KESSELMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Sam Blaustein
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Pk
Location Baltimore

18 (a) Funeral director Sol Levin Inc
(b) Address 1439 Eutaw Place

19 (a) JAN 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1942 at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 27, 1942 to January 27, 1942 and that I last saw him alive on January 27, 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Hemorrhage	18 hrs
Due to Hypertensive Cardio-Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Ziegler
Address Sinai Hospital Date signed January 28, 1942

VS 3

F 88598

2230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 88598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Westerntown Rd.
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 4614 Vimlico Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN BERFELD

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Yettie
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phil Rd & Bowley Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1431 E. Baltimore St.

19 (a) Filed (Registrar) JAN 29 1942 (b) Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-42 19 at 7 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1941 to Jan 26 1942 and that I last saw him alive on Jan 26 19 42

Immediate cause of death

	Duration
Carcinoma of Liver	8 months
Due to Carcinoma of ascending and	
Due to Transverse Colon	
Other Conditions General arterio Sclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature R. A. Michelsen M. D.
Address 2230 Eutaw Pl. Date signed 1-29-42

F 88599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-B

F 88599 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 ROCHESTER PLACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 ROCHESTER PLACE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY J. BICKEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife CONRAD BICKEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 7 1876

8. AGE: Years	Months	Days	If less than one day
65	4	20	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE CLARK
13. Birthplace AA CO. MD.

MOTHER
14. Maiden Name ANNA FAHEY
15. Birthplace IRELAND

16 (a) Informant CONRAD BICKEL (HUSBAND)
(b) Address 120 ROCHESTER PLACE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 30/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zurhellen
(b) Address 493 S. WOLFE ST.

19 (a) JAN 29 1942 Huntington Williams, M.D. Registrar
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JAN. 27 1942, at 5/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1942 to Jan 27 1942 and that I last saw her alive on Jan 27 1942.

	Duration
Immediate cause of death Uremia	2 days
Due to Toxemia	
Due to Hypertension	3 days
Arteriosclerosis	
Other Conditions Pleurisy	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Hermann M. D.
Address 1710 E. 33rd St. Date signed 1/29/42

If correct age is especially important. Physician, please

F 88600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/31-a

F 88600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution:
Home for Incurables.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yr 10m-10d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

137

3 (a) FULL NAME Johnson, Miss Elizabeth Downey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1861

8. AGE: Years	Months	Days	If less than one day
80	5	17	— hr. — min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Dewitt Clinton Johnson
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Elizabeth Bradford Dall
15. Birthplace Washington Co. Md.

16 (a) Informant Mr. Wharton
(b) Address Home for Incurables

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Glen
Location Baltimore Md.

18 (a) Funeral director W. Frenkiem & Son
(b) Address [illegible]

19 (a) JAN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1935 to 1/28 1942, and that I last saw her alive on 1/27 1942.

Immediate cause of death	Duration
Hypertensive Cardio-Renal Vascular Disease	10 years
Due to	
Due to	
Other Conditions Hypertrophied cirrhotic	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Grafton Thropp, M.D.
Address 214 Medical Arts Bldg Date signed 1/29/42

Correct age is especially important. Information

VS 3

F 88601/2463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88601

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Sara Ann, st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME edward whiting

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Ida (Reed)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-1877

8. AGE: Years	Months	Days	If less than one day
65	0	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name edward whiting

13. Birthplace va.

MOTHER 14. Maiden Name Martha whiting

15. Birthplace va.

16 (a) Informant Baltimore City Hospitals nec.

(b) Address 4940 eastern, ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Potomac ave

19 (a) JAN 29 1942 (Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1942 to 1-28 1942 and that I last saw him alive on 1-28 1942

Immediate cause of death: Diabetes and carbuncle — Duration: 2 days

Due to: Diabetes mellitus — Duration: ?

Due to:

Other Conditions: Arteriosclerosis — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard R. Rathbun M. D.

Address Balto. City Hosp Date signed 1-28-42

VS 8

F 88602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 88602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1665 Eliptorium Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1665 Eliptorium Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Eire

3 (a) FULL NAME John Elmer Scott.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 516-01-4756
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Frances Scott.
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Dec. 6-1888
8. AGE: Years 53 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Balto. Md. (City, county, and state)
10. Usual Occupation Plumber
11. Industry or business Equitable Brewing Co.
FATHER 12. Name Jos J. Scott.
13. Birthplace Balto Md.
MOTHER 14. Maiden Name Mary E.
15. Birthplace Balto. Md.
16 (a) Informant Frances Scott.
(b) Address 1665 Eliptorium Av
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Gaylor. Av
18 (a) Funeral director John H. Valentine
(b) Address 5327 Aiken St.
19 (a) JAN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27. 1942 at 9:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 to Jan 27 1942.
and that I last saw him alive on Jan 26 1942.
Immediate cause of death Myocarditis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Elmer Scott M. D.
Address 1665 Eliptorium Av Date signed Jan 27 1942

correct age is especially important. Typewrite or print plainly.

VS 8

F 88603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V117 D

F 88603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 N Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5511 Old Frederick Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph P. Scharf

3 (b) If veteran, name war

3 (c) Social Security Account No. 245-07-3911

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary Scharf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1901

8. AGE: Years	Months	Days	If less than one day
40	11	—	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Iron Puddler
11. Industry or business

FATHER
12. Name Martin Scharf
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Gross
15. Birthplace Baltimore

16 (a) Informant Mary Ann Scharf
(b) Address 5511 Old Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Schwartz
(b) Address 2140 Frederick Ave.

19 JAN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942, at 8:22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1941 to Jan 27 1942 and that I last saw him alive on Jan 27 1942.

Immediate cause of death: Bronchopneumonia — Duration
Due to: Post-operative closure of perforated duodenal ulcer
Due to:
Other Conditions: Uremia

(Include pregnancy within 3 months of death)
Date of operation Jan 17, 1942
Major findings of operation: Perforated duodenal ulcer
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Doeller Downs M.D.
Address Mercy Hospital Date signed Jan 27, 1942

correct age is especially important

VS 3

F 88604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 88604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 N Durham St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie J. Davis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F.
5. Color or race Co
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10 18 1857
8. AGE: Years 59 Months 32 Days 18 If less than one day hr. min.
9. Birthplace Columbus, S. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Hollins
13. Birthplace S. C.

MOTHER
14. Maiden Name unknown
15. Birthplace S. C.

16 (a) Informant Benjamin Davis
(b) Address 1021 N. Durham

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Mem.
Location Brooklyn A.A.Co. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) JAN 29 1942 (Local registration district) Huntington Registrar
(b) Registered

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1942 to Jan. 28 1942; and that I last saw her alive on Jan 27 1942

Immediate cause of death
Bronchopneumonia
Due to Influenza

Duration 4 dys 10 dys

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Malvern Atkins M. D.
Address 312 E 23rd St. Date signed 1-28-42

Please write plainly. Information given is especially important. Physician's correct age is especially important.

F 88605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 P F 38605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] 33rd st & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4939 Elsmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Morris Soter

3 (b) If veteran, name war None (c) Social Security Account No. 212-16-3148

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Mae Kelly Soter 6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1920

8. AGE: Years	Months	Days	If less than one day
21	11	8	hr. min.

9. Birthplace Sweasey Brook Balto. Co. Md (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Eggers & Downey Co.

FATHER
12. Name Carl S. Soter
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Braun
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Soter
(b) Address 4939 Elsmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location 4430 Belair Rd. Balto

18 (a) Funeral director Edgar W. Cunningham Son
(b) Address 924 E. Eager St.

19 (a) (b) Huntington Williams M.D.

JAN 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1942 at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4, 1942 to Jan. 26, 1942, and that I last saw him alive on Jan. 26 1942.

Immediate cause of death Pulmonary edema — Duration 4 hrs.
Due to Cardiac failure — 1 mo.
Due to Chronic Nephritis — 14 mos.
Other Conditions Pericarditis - Hypostatic edema - Chronic peritonitis effusive (Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Peary M.D.
Address Union Mem. Hosp. Date signed 1-26

correct age is especially important. Physicians

F 88606 ✓ x F 88606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Never

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Harmon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W.	married

6 (b) Name of husband or wife Mr. Roland Harmon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1905

8. AGE: Years	Months	Days	If less than one day
36	6	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Hezekiah N. Steele

13. Birthplace Maryland

MOTHER 14. Maiden Name Maudie Lambert

15. Birthplace Maryland

16 (a) Informant Mrs. Viola Harmon

(b) Address Union Bridge, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Rocky Ridge

Location Rocky Ridge Md

18 (a) Funeral director Raymond R. Brandenburg

(b) Address Union Bridge Md

19 (a) JAN 29 1942 (b) Interred in Potterstown, Md.
(Inserted by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942 at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25, 1942 to 1-29, 1942 and that I last saw h[illegible] alive on Jan 29 1942

Immediate cause of death Embolic pneumonia with general thrombosis & suppurative phlebitis

Due to post-operative complication

Due to cholecystectomy

Other Conditions

(Include pregnancy within three months of death)

Date of operation Dec. 29, 1941

Major findings of operation: Acute gangrenous gall bladder

Autopsy? Not performed. Tissues examined?

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles E. Brandt M. D.

Address Church Home & Inf Date signed 1-29-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

correct age if especially important

VS 8

F 88607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-G

F 88607 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Miles ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn V. Kain

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Robert M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30 - 1905

8. AGE: Years	Months	Days	If less than one day
36	4	28	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clyde Wright
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Seek
15. Birthplace Md.

16 (a) Informant Robert M. Kain
(b) Address 2849 Miles Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director W. J. Tackney + Sons
(b) Address North & Pennsylvania Ave

19 (a) JAN 29 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1942 at 2.29 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

	Duration
Immediate cause of death: Poisoning	
Due to: Acute Gastro-enteritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-28-42 at 11.40 A M
(c) Where did injury occur? 2849 Miles ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury: Took Roach + insect Powder

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-29-42

88608

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. F 88608

33-B

Registrar's No. 41.

State of MARYLAND

1. PLACE OF DEATH:
(a) County
(b) City or town Baltimore, (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Station Hospital, Holabird QM Depot, Md. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days In this community One (1) year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 26 13 Holabird Q M Depot, (If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) FULL NAME Willian J. Corr
3. (b) If veteran, name war ------ 3. (c) Social Security No. ------

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 10th (Month) 9th (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
24	3	8	-- hr. ------ min.

9. Birthplace Philadelphia Pa. (State or foreign country)
10. Usual occupation Supply Clerk
11. Industry or business

MOTHER FATHER
12. Name Joseph J Corr
13. Birthplace Philadelphia, Pa. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Kelly
15. Birthplace Philadelphia, Pa. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Verified by Ser. Rec.
(b) Address Holabird QM Depot, Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date filed 1-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pala, Panama

18. (a) Signature of funeral director Newton D Mercantile.
(b) Address 108 W. York St. Balto., Md.
19. (a) 1/17/42 (b) [signature] (Local registrar or deputy)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 17th year 1942 hour 2 minute 25
21. I hereby certify that I attended the deceased from Jan. 7, 1942, to January 17, 1942: that I last saw him alive on January 17, 1942: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Menangitis, Influenzal type.	
Due to Chronic suppurative Otitis Media, left; 14 years duration, with Mastoiditis.	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify yes or no) (b) Means of injury
23. Signature C.W. McKee, 1st Lt. (M. D. or other)
Address Holabird QM Depot, Md. Date signed 1/17/42

JAN 29 1947

U. S. GOVERNMENT PRINTING OFFICE 16—12408

F 88609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 88609

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga

(c) Hospital or institution: Mercy Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 821 Asquith St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Mello

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Nellie Mello

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1880

8. AGE: Years	Months	Days	If less than one day
61	11	1	hr. min.

9. Birthplace Portugal (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Joseph Mello

13. Birthplace Portugal

MOTHER

14. Maiden Name Mary Evora

15. Birthplace Portugal

16 (a) Informant Nellie Mello

(b) Address 821 Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto. Co. Md.

18 (a) Funeral director Byron Francis H. Wright

(b) Address 729 Asquith St

19 JAN 29 1942 (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1942 at 3:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1941, to 1/27 1942, and that I last saw h. alive on 1/27 1942.

Immediate cause of death: Circulatory collapse

Due to: Carcinoma of oesophagus

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11/10/41

Major findings of operation: Inoperable ca of oesophagus

Autopsy: ca of oesophagus

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L. Frey Jr. M.D.

Address Mercy Hosp Date signed 1/27/42

Please fill in all items correct age is especially important. Physicians, please report causes of death clearly and specifically.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

88610 — 93-D — 88610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 4707 Gunther ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Letita Mumma

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 11th 1894

8. AGE: Years	Months	Days	If less than one day
47	1	17	hrs. min.

9. Birthplace: Balto. Co. Maryland (Town, county and state)

10. Usual Occupation: At Home

11. Industry or business:

FATHER
12. Name: George L. Mumma
13. Birthplace: Balto. Co. Maryland

MOTHER
14. Maiden Name: Letitia Erdman
15. Birthplace: Balto. Co. Maryland

16 (a) Informant: George Mumma
(b) Address: 4707 Gunther ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31 42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Balto. Co. Maryland

18 (a) Funeral director: Groshon Funeral Home
(b) Address: 7401 Belair Road

19 (a) JAN 29 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/28 1942, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1942 to 1/28 1942 and that I last saw h.e.r alive on 1/28 1942

Immediate cause of death: Respiratory Failure — Duration: 6 days
Due to: Cerebral Hemorrhage, Left
Due to: Hypertension C-V Dis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. D. Youngalove
Address: St. Joseph's Hospital Date signed: 1/28/42

correct age is especially important. Physicians: please write

VS 3

F 88611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N. Bay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 906 N. Bay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES FITZGERALD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Lelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1898

8. AGE: Years	Months	Days	If less than one day
51	7	14	hr. min.

9. Birthplace Northumberland County Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Virginia

16 (a) Informant Lelia Fitzgerald
(b) Address 1644 Barkley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County

18 (a) Funeral director Wm. P. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (b) Huntington Williams, M.D.
JAN 29 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 10.05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Coronary occlusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.

Date signed 1-27-42

correct if the deceased was [illegible]

F 88612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 88612 Registered No.

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 31
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Hyattsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5702 - 43rd Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Bernard Prosise

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Wash. DC (Town, county, and state)

10. Usual Occupation Priest

11. Industry or business

FATHER 12. Name Benjamin J. Prosise
13. Birthplace DC

MOTHER 14. Maiden Name Mary Waters
15. Birthplace Kansas

16 (a) Informant Leo Prosise
(b) Address 1407 - Hamilton St NW.

17 (a) Wash DC (Burial, cremation, or removal) (b) Date thereof Jan. 29 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Wash D.C.
Location

18 (a) Funeral director Timothy Hanlon
(b) Address 641 - H St NE.

19 (a) JAN 29 1942 (Date received by Local Registrar) Huntington, Md. (Address of Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942. 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1942 to Jan 29 1942 and that I last saw [illegible] alive on Jan. 29 1942.

Immediate cause of death Thrombosis
cardio-vascular disease
Embolism to right leg
Due to with gangrene
Embolism to left
Due to leg with gangrene

Duration

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1/16/42 and 1/27/42
Major findings of operation: Gangrene
of left leg - Amputation
of autopsy: Yes Dr. Gorby

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury CUNIO

23. Signature James J. Cassin M. D.
Address ST. James Hosp. Date signed 1/29/42

correct age is especially important. Registrar

VS 3

F 88613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-4

Registered No. F 88613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4918 Chalgrove Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4918 Chalgrove Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME Angelo Santostefano,

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-6816

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Assunta Santostefano
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 8, 1881

8. AGE: Years 60 | Months 7 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Laborer,

11. Industry or business General Construction

FATHER
12. Name Pasquale Santostefano,
13. Birthplace Italy

MOTHER
14. Maiden Name DeLucca
15. Birthplace Italy

16 (a) Informant Mrs. Assunta Santostefano
(b) Address 4918 Chalgrove Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City.

18 (a) Funeral director Wm. Lemmon
(b) Address 4611 Park Heights,

19 (a) JAN 29 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1942 19 ____, at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1940 to 1/27 1942, and that I last saw him alive on 1/27 1942.

Immediate cause of death: General Carcinomatosis — Duration 14 mos.

Due to Carcinoma of Leg

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings: Of operation Carcinoma of Leg
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Culver Rouse
Address 1901 Eutaw Place, Date signed 1/28/42

F 88614 ✓ F 88614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 1113 N. East Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Snyder

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Albert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-6-69
8. AGE: Years 72 Months 4 Days 22 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name John Bathe
13. Birthplace France
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Wilson Bros
(b) Address 1214 E. Fayette St
19 (a) JAN 29 1942 (Date Received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1942, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1942 to Jan 24 1942, and that I last saw her alive on Jan 24 1942.

Immediate cause of death: Mesenteric Thrombosis — Duration 4 days
Due to
Due to
Other Conditions Gen. Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation 1-23-42
Major findings of operation: Mesenteric Thrombosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank K. Quinn M. D.
Address Johns Hopkins Hosp Date signed 1-29-42

VS 8

F 88615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

F 88615
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Faber

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-05-9218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife: Annie Faber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	10	17		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Faber
13. Birthplace Europe

MOTHER
14. Maiden Name Julia Oswald
15. Birthplace France

16 (a) Informant Wife
(b) Address 1213 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Sons
(b) Address 1219 E Lanvale St

19 (a) JAN 29 1942 (Date Registered) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28/42 19 , at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22/41 19 to 1/28/42 19 , and that I last saw h. alive on 1/27/42 19 .

Immediate cause of death Myocarditis fungoides — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Flemer
Address Mercy Hospital Date signed 1/29/42 M. D.

correct age is especially important. Physicians

VS 3

F 88616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No. ✓ × F 88616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Mem Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balt (b) County Balto
(c) City or town Towson, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman Roland Poole

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs Norman Roland (Wife's maiden name)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1881

8. AGE: Years	Months	Days	If less than one day
60	4	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Harry M Poole
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Frances Sullivan
15. Birthplace Md

16 (a) Informant Mrs Poole
(b) Address York Rd Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or Crematory Woodlawn
Location " Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 29 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1942, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1942, to 1-27 1942, and that I last saw h[illegible] alive on 1-27 1942.

Immediate cause of death Cardiorespiratory ~~and~~ hepato-renal failure — Duration: Several months

Due to ~~[illegible]~~ Chronic [illegible]

Due to Malignant tumor - Esta melanoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin A. Hewitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 1-27-42

correct age is especially important. Physicians

F 88617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 88617

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6503 Glenoak Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6503 Glenoak Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH R. FISA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	Married

6 (b) Name of husband or wife Leo F. Fisa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/1890

8. AGE: Years	Months	Days	If less than one day
51	6	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Vincent Dernetz
13. Birthplace Austria

MOTHER
14. Maiden Name Sophia Whitehead
15. Birthplace Austria

16 (a) Informant Leo F. Fisa
(b) Address 6503 Glenoak Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location

18 (a) Funeral director Leonard Buck
(b) Address 5305 Harford Rd

19 (a) (Date received by Registrar) JAN 29 1942 (b) Registrar Huntington Williams, M.D.

VS 5

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Jan 26 1942, and that I last saw h[illegible] alive on Jan 23 1942.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 2 hrs
Due to: Ch. myocarditis.
Due to Carcinoma Rectum. — 2 years.
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Hardesty M. D.
Address 4610 Rel Rd Date signed Jan 29/42

88618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94½ F 88618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 767 Ramsay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 767 Ramsay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Kaufman
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-12-0657

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Widow

6 (b) Name of husband or wife John Kaufman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 21-1886

8. AGE: Years	Months	Days	If less than one day
55	5	296	hr. min.

9. Birthplace Berlin, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Moller
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wagner
15. Birthplace Germany

16 (a) Informant Daughter (Mrs Norris)
(b) Address 767 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director John A. Kenny
(b) Address 1710 Leeds Avenue

19 JAN 29 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said ** find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN ** Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 1/28/42

VS 6

88619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3037 Guilford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Guilford ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. McBride

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-14-5427

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) May 5-1883
8. AGE: Years 58 57 | Months 8 | Days 22 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business —

FATHER
12. Name Wm. H. McBride
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Keyhan
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Wm. H. Wilhelm
(b) Address 3037 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (day) (year) 1/29/42
(c) Cemetery or crematory Loudenschlager
Location Old Frederick Rd.

18 (a) Funeral director J. G. Thoman
(b) Address 3302 E. Baltimore St.

19 (a) JAN 29 1942 (Date rec'd by Registrar) Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/ 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1941 to Jan 27 1942, and that I last saw h.i.M. alive on Jan 26 1942.

Immediate cause of death: Acute Dilatation of Heart
Due to: High Blood Pressure
Due to: Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 yrs. 1 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Costello M.D.
Address 335 E. 31st St. Date signed 1-29-42

correct age is especially important. A statement

VS 3

F 88620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-e F 88620

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2315 Eastern Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2315 Eastern Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Albers = (Larkins)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Christopher Albers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 - 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	5	0		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER / FATHER

12. Name Geo. Wittman

13. Birthplace Ger.

14. Maiden Name Unborn

15. Birthplace "

16 (a) Informant Christopher Albers

(b) Address 2315 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore

18 (a) Funeral director Philip H. Gurg Sons

(b) Address 2524 Orleans st

19 JAN 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Jan 28 1942 and that I last saw h[illegible] alive on Jan 28 1942.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to Cerebral Hemiplegia	3 yrs
Due to Hypertension & Obesity	15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 1/29/42

VS 3

F 88621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliphie Sts
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia Schmidt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Leo. Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1859

8. AGE: Years 82 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John F. Segele
13. Birthplace Ger.

MOTHER
14. Maiden Name Sophia Hennigan
15. Birthplace Ger.

16 (a) Informant Mrs. E. Philcoate
(b) Address 812 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 42 (month) (day) (year)
(c) Cemetery or crematory Schwartz'e
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

(a) Date received JAN 3-0 1942 (b) Registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28 1942 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1942 to 1/28 1942 and that I last saw h.e.r alive on 1/28 1942

Immediate cause of death: Respiratory Failure — Duration
Due to: Cerebral Thrombosis, Left — 2 Days
Due to: Hypertensive C.V. Disease — 20 Yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Spangler M. D.
Address St Joseph's Hospital Date signed 1/28/42

Please see that correct age is especially important. Physician please.

VS 3

F 88622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 88622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Park Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Winfield Donoho

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Cecelia Sheppard
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 10, 1861

8. AGE: Years	Months	Days	If less than one day
80	10	18	hr. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name James R. Donoho
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Elizabeth Thompson
15. Birthplace Md.

16 (a) Informant Edmond S. Donoho
(b) Address 1706 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 30 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1921 to Jan 28 1942 and that I last saw h[illegible] alive on Jan 28 1942.

Immediate cause of death	Duration
Due to Myocardial failure	
Due to Coronary Sclerosis, & Arteriosclerosis	
Other Conditions Hypertrophic arthritis	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Corbin Street, M.D.
Address 712 Park Avenue Date signed 2 Jan 30

correct age is especially important. Registrar

VS 3

F 88623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 N. Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 N. Monroe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALFRED ELLIS LAUTERBACH

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lula Lauterbach
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 17, 1888
8. AGE: Years 53 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Special Officer
11. Industry or business Ret'd from Balto. Police Dept.

FATHER
12. Name Lewis Lauterbach
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Maggie A. LaLotte
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lula Lauterbach
(b) Address 2220 N. Monroe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address [illegible] & Pa. Avenues

19 (a) JAN 30 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

correct age is especially important

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1937, to Jan 28 1942, and that I last saw h alive on Dec 0 — 1941

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hours
Due to Hypertensive C.V.D. — 4 years
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Hughstein M. D.
Address 888 W. Lombard St Date signed 1-29-42

F 88624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Birkenstock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Andrew
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Loeber
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Hila Wendfeld
(b) Address 714 Greenmount Ave.

19 JAN 30 1942 Huntington Williams, M.D. Registrar

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1942 19 1p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 29 1942, and that I last saw h[illegible] alive on Jan 28 1942.

Immediate cause of death — Duration

Edema of Lungs — 1 day
Due to
Chronic Myocarditis — 4 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 1/29/42

88625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. E 88625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Burke

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5507

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Grace V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1876

8. AGE: Years 65 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Hoboken N. J. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Terminal Warehouse

FATHER
12. Name John S. Burke
13. Birthplace Hoboken N.J.

MOTHER
14. Maiden Name Margaret Connelly
15. Birthplace Unknown

16 (a) Informant John E. Burke
(b) Address 2213 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md.

18 (a) Funeral director J. Reynard Kaelber
(b) Address 2301 Edmondson Ave.

19 (c) JAN 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942 to Jan 29 1942; and that I last saw him alive on Jan 29 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 Dy

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mallonee M.D.

Address 1331 E. North Ave Date signed 1-29-42

VS 8

F 88626 1 F 88626 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Bruce St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Lydia Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Col.	married

6 (b) Name of husband or wife Charles Robinson
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69	4 8		hr. min.

9. Birthplace Essex County Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robinson
13. Birthplace —

MOTHER
14. Maiden Name Lydia Wright
15. Birthplace Essex Co. Va.

16 (a) Informant George Robinson
(b) Address 618 N. Bruce

17 (a) Burial (b) Date thereof 1/31/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co. Md

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount st

19 (a) 1/30 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1942, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1942, to Jan 29 1942, and that I last saw her alive on Jan. 29 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days
Due to Cardiac Insufficiency
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Douglas Shepherd M. D.
Address 1431 W. Franklin Date signed 1/31/42

VS 3

Important: Please answer all questions. Physician: please correct age is especially important.

F 88627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-6

F 88627 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W. Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Kessler

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1862

8. AGE: Years: 80 | Months: 0 | Days: 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER
12. Name George Kessler
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Staffel
15. Birthplace Germany

16 (a) Informant Anna Tegeler
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Mc Mus. John H. Triplett Son
(b) Address 801 W. Fayette St

19 (a) JAN 30 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 1/29/ 1942 and that I last saw her alive on 1/29/ 1942

Immediate cause of death Broncho-pneumonia

Due to Strangulated femoral hernia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 1/29/42 M. D.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88628

CERTIFICATE OF DEATH

1-a F 88628

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Evans

If U. S. Veteran specify WAR

(a) Residence: No. 253 Robert Street St., 14-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis W.

6. DATE OF BIRTH (month, day, year) 9/10/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloster Co. Va. Gloucester

FATHER

13. NAME George Cook

14. BIRTHPLACE (city or town) (State or country) Gloster Co. Virginia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Gloster Co. Virginia

17. INFORMANT George T. Evans
(Address) 253 Robert Street

18. BURIAL, CREMATION, OR REMOVAL Gloster Co. Va. Date Jan. 31, 42

19. UNDERTAKER Mrs. Lucy M. Holland
(Address) 1631 Druid Hill Ave.

20. FILED Jan 30 1942, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28- 1942

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1942 to 1-28 1942

I last saw her alive on 1-28 1942 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Renal Disease	

Other contributory causes of importance:

Cerebral Injury Following Fall.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-27 1942

Where did injury occur? Home - 253 Robert St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down cellar Steps.

Nature of injury Cerebral Hemorrhage & Lacerations Scalp.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2032 Druid Hill Ave.

State CAUSE OF DEATH in every case. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 88629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3F-88629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 E. 21½ St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 413 E 21½ St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Morton
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race C
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Peter Morton
Henry Morton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 7 1879
8. AGE: Years 62 Months 8 Days 22 If less than one day hr. min.
9. Birthplace Gloucester, Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Morton
13. Birthplace Virginia

MOTHER
14. Maiden Name Eleanor Harris
15. Birthplace Virginia

16 (a) Informant Mrs Fannie Morton
(b) Address 1613 Edmondson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Gloucester Co. Va.
18 (a) Funeral director Mrs. Lew. H. Holland
(b) Address 1631 Druid Hill Ave.
19 JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29/1942 at 5 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from on 1/29/42 19 . and that I last saw her alive Jan 27 1942 19 .
Immediate cause of death
Cerebral hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hawkins
Address 1131 Harlem Ave Date signed 1/30/42 M. D.

Correct age if apparently wrong

VS 3

F 88630

410364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

127-B

F 88630

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 W. Saratoga
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Tibbs

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-76

8. AGE: Years	Months	Days	If less than one day
66	5	11	hr. min.

9. Birthplace Md. C — (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto., Md.

18 (a) Funeral director Charles H. Corpas
(b) Address 514 N. Calhoun St.

JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1942 to Jan 26 1942 and that I last saw him alive on Jan 26 1942

Immediate cause of death: Acute Cholangitis & perforation — Duration: 8 days

Due to

Due to

Other Conditions ? Cerebral accident — Duration: 1 day

(Include pregnancy within 3 months of death)

Date of operation 1-24-42

Major findings of operation: Perforated Gangrenous gall bladder

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugo V. Ruzzo M. D.
Address Johns Hopkins Hosp Date signed 1-26-42

VS 3

F 88631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 107

F 88631

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5324 Wesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5324 Wesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Clara Owens (Birth F-39059)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 17th 1941

8. AGE: Years	Months	Days	If less than one day
	2	11	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George T. Owens
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara Daylor
15. Birthplace Md.

16 (a) Informant George T. Owens
(b) Address 5324 Wesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Signature of local registrar) JAN 30 1942 Registrar for Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28th 1942, 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1942 to 1-28 1942 and that I last saw her alive on 1-28 1942

Immediate cause of death PNEUMONIA - Influenza — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R. Ackerman M. D.
Address 1101 N. Fulton Ave Date signed 1-29-42

correct age is especially important.

VS 8

Howard J. Walden M.D.

F 88632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 88632
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2750 Winchester st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2750 Winchester st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna V. Jones

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1857

8. AGE: Years	Months	Days	If less than one day
84	2	22	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Homes wife
11. Industry or business

FATHER
12. Name ✓ Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Raymond L. Jones
(b) Address 2750 Winchester st

17 (a) Burial (b) Date thereof Jan 31 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director John A. Morgan
(b) Address 4201 Greenmount Ave

19 (a) JAN 30 1942 Huntington Williams, M.D.
Registrar

VS :

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942 at 1:12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Jan 28 1942, and that I last saw her alive on Jan 27 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to Arterio Sclerosis	?
Due to Hypertension	?
Other Conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature George L. Visaty M. D.
Address 4800 Edmondson Ave Date signed 1-30-42

F 88633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88633

Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9-1905

8. AGE: Years	Months	Days	If less than one day
36	1	19	hr. min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sullivan Y. Shipley
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Mary J. Willis
15. Birthplace W. Virginia

16 (a) Informant Catherine Shipley
(b) Address 1707 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md.

18 (a) Funeral director John G. Grabbenbacher
(b) Address 1125 S. Paca St.

19 (a) JAN 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1942, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Subarachnoid Hemorrhage Traumatic — Duration

Due to

Due to

Other Conditions Acute Pulmonary Edema; Multiple fractures Lacerations etc.
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: S. L.
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-28-42 at 10 P. M
(c) Where did injury occur? Hanover St. Bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Maldeis M.D.
Medical Examiner.

Date signed 1-29-42

VS 6

88634 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓93-D F 88634

1. **PLACE OF DEATH**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 N. Calhoun St. 19-5 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. **FULL NAME** Sadie M. Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 6 N. Calhoun St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 19, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Boarding House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Maryland

FATHER

13. NAME Alfred T. Thomas

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Sophie H. Elmes

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mr. L. Clifton Perkins

(Address) Wash. Blvd & Arbutus Ave., Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown, Md. Date Jan 31 1942

19. UNDERTAKER

(Address) 1005 E. Baltimore St.

20. JAN 30 1942 Huntington Williams, M.D.

OCCUPATION is very important. See INSTRUCTIONS for items 8, 9, 10, 11.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1942 to , 19

I last saw her alive on Found dead in bed 19 42. Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis & occlusion	?
Chronic Myocarditis	?

Other contributory causes of importance:

There is history of a chronic heart condition.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, explain

(Signed) J. M. Muse Jr. M. D.

(Address) 1520 Hollins St.

W. L. Wallamsbee M.D. Asst. Medical Examiner

F 88635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88635 / 161-a Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Arizona Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Michael Ulbrich (Burial F-43192)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/28/42

8. AGE: Years	Months	Days	If less than one day
			21 hr. 10 min.

9. Birthplace Mercy Hospital Baltimore, Md (City, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Charles Ulbrich
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E. McKay
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary E Ulbrich
(b) Address 4311 Arizona Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 30 1942 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director ELMER W. FRANKE
(b) Address 924 E. Fayette St

19 JAN 30 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1942 at 6 02 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to Jan 29 1942, and that I last saw h[illegible] alive on Jan 29 1942.

Immediate cause of death	Duration
Atelectasis	22 hr.
Due to Non expansion of Lungs after birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L Smith M. D.
Address 920 St Paul St Date signed 1/29/42

Please correct age is especially important. Physician, please

VS 2

F 88636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 88636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st S.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
12-B
(d) Street No. 350 50th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GUSTAV H. BRAUN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 27, 1876

8. AGE: Years: 65 | Months: 3 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Minneapolis, Minnesota (Town, county, and state)

10. Usual Occupation: BOATSWAIN

11. Industry or business: SS CITIES SERVICE TOLEDO

FATHER
12. Name: Frank Braun
13. Birthplace: Sweden

MOTHER
14. Maiden Name: Julia
15. Birthplace: Sweden

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory U.S. Crematory
Location Brooklyn, N. Y.

18 (a) Funeral director A. Lee Oder
(b) Address 46 44 York Road. Huntington Mills, Md.

19 (a) JAN 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1942, at 2:40p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21, 1942 to Jan. 29, 1942, and that I last saw him alive on Jan. 29, 1942.

Immediate cause of death: Squamous carcinoma, lt. lung with metastases to mediastinal ~~Due to~~ lymphnodes — Duration: Unknown

Due to: Malnutrition — Duration: Unknown

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Jan. 23, 1942
Major findings of operation: Bronchoscopy
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/30/42 M. D.

VS 3

correct age in expectancy

88637

MISCARI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111-C

Registered No. F 88637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1770 Gough St
(c) Hospital or institution: Gough St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1770 Gough St (Ward or Location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Miscari

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Vincent Miscari

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1897

8. AGE: Years 44 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Lang
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Lang
15. Birthplace Dublin Ireland

16 (a) Informant Thomas Lang
(b) Address 212 S. Oldham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2/42 (month) (day) (year)
(c) Cemetery or crematory Balto. Gen.
Location East & North Sts.

18 (a) Funeral director Fred T. Krauss & Son
(b) Address 1216 N. Charles St.

19 (a) JAN 30 1942 (Date filed with Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29/42 19 at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.

Immediate cause of death: Acute pulmonary Edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G Hefford M.D. Medical Examiner.

Date signed 1/29/42

VS 6

CORRECT AGE IS EXPECTED

F 88638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-D

F 88638 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4408-Arabia Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4408-Arabia Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3 (a) FULL NAME James T. Abbott

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary (Berlien)
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) 7/2/1860
8. AGE: Years 81 | Months 6 | Days 27 | If less than one day -- hr. -- min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired-Gate Tender P.R.R. Co.
11. Industry or business

FATHER
12. Name ?
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ?
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Catherine Abbott
(b) Address 4408-Arabia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md

18 (a) Funeral director Geo. B. Roth Inc.
(b) Address 725 Harford Ave.

19 JAN 30 1942 (Date rec'd by registrar) Huntingtor Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 29 1942 and that I last saw him alive on Jan 28 1942

Immediate cause of death: Cerebral Hemorrhage - Phlebitis. — Duration: 15 Days

Due to Senility

Due to Arteriosclerosis Generalized.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature James T. White M.D.
Address 5214 Harford Rd Date signed 1/29/42

Please write plainly. Physician: please write correct age is especially important.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88639 F 88639

CERTIFICATE OF DEATH

✓61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4253 Shamrock Ave. 6-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret K. Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 4253 Shamrock Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William D. Thompson

6. DATE OF BIRTH (month, day, year): Dec 6-1871

7. AGE: Years: 70 | Months: 3 | Days: 22 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: ——— Schmidt.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Mrs Helen Chambers.

(Address) 4253 Shamrock Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Jan 31-42

19. UNDERTAKER: Randall P. Humphreys

(Address) 1501 N. Broadway

20. FILED JAN 30 1942 19 Registrar: Huntington Williams, M.D.

OCCUPATION is very important. See instructions on page 2.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28-1942

22. I HEREBY CERTIFY, That I attended deceased from April 15 19 41 to Jan 28 19 42

I last saw he alive on Jan 28 19 42 Death is said to have occurred on the date stated above, at 6 PM p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Obstruction	1/28/42
Other contributory causes of importance: Hypertension Heart dis. Diabetes.	6 yrs.

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. N. Theyer Jr. M. D.

(Address) 1501 E. 33rd

F 88640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-D

F 88640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Denton, (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Edna Louise De Ford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1938

8. AGE: Years	Months	Days	If less than one day
3	8	12	hr. min.

9. Birthplace Denton Md.
(Town, county, and state)

10. Usual Occupation Child.

11. Industry or business —

FATHER
12. Name William Lee De Ford Jr.
13. Birthplace Denton, Md.

MOTHER
14. Maiden Name Thelma Elizabeth Carson
15. Birthplace Denton, Md.

16 (a) Informant W. L. De Ford.
(b) Address Denton, Md.

17 (a) Removal (b) Date thereof 1 30 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Denton
Location Caroline Co.

18 (a) Funeral director Virgil Moore
(b) Address Denton Md.

19 (a) JAN 30 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1942, at 11 49 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1942, to Jan 30 1942, and that I last saw her alive on Jan 30 1942.

Immediate cause of death	Duration
Laryngeal edema & obstruction	10 min.
Due to Peanut, right bronchus	16 hours
Due to	
Other Conditions Bronchoscopic removal of peanut followed by laryngeal obstruction (Include pregnancy within 3 months of death)	

Date of operation Jan 30 1942

Major findings of operation: Peanut, at main bronchus.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident.
(b) Date of occurrence Jan. 30, 1942 at 9 P.M.
(c) Where did injury occur? Denton, Md. Caroline.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home. While at work? NO.
(Specify type of place)
(e) Means of injury Aspiration of Peanut

23. Signature Richard S. Ayers Jr. M. D.
Address University Hospital Date signed 1-30-42

Wm. B. Vande Grift M.D. [illegible]

VS 3

F 38641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 Registered No. F 38641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 W. Biddle st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. Biddle st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-3919

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual Occupation Lumber man

11. Industry or business Md Lumber Co.

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Janie Robinson
(b) Address 917 Argyle ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolph Hahstead
(b) Address 916 Druid Hill ave.

19 (a) (Date received by local registrar) JAN 30 1942 Huntington Hillsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Jan 28 1942
and that I last saw him alive on 19
Immediate cause of death Cerebral Hemorrhage — Duration 2 Dy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 7[illegible] Date signed 1/29/42

F 88642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 88642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 555 Seminary Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY COOPER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Logan

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 17, 1896

8. AGE: Years 45 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Cooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Katie Kirby
15. Birthplace Annapolis, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location

18 (a) Funeral director Adolphus Haviland
(b) Address 916 Druid Hill Ave.

19 JAN 30 1942 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1942, at 4:50 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1942, to Jan. 29, 1942 and that I last saw him alive on Jan. 29, 1942

	Duration
Immediate cause of death: Cachexia and Inanition	2 mo.
Due to: Widespread metastases particularly to the liver and lymphnodes	2 mo.
Due to: Carcinoma of the stomach	5 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. D. Arthur M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/29/42

VS 3

Correct age in expository

F 88643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 88643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Eugene ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marie Muller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1887

8. AGE: Years	Months	Days	If less than one day
59	7	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Wm. Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wagner
15. Birthplace Baltimore

16 (a) Informant Hospital Record
(b) Address

17 (a) Issued (Burial, cremation, or removal) (b) Date thereof Feb 2/42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director John Uelmund
(b) Address 2008 Orleans St.

19 (a) JAN 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1942 to 1-29 1942 and that I last saw her alive on 1-29 1942

Immediate cause of death: Cerebral hemorrhage — Duration 12 hrs.
Due to Hypertensive cardiovascular disease
Due to Generalized arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations
of autopsy Generalized arteriosclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. I. Reimann, M.D. M. D.
Address Church Home + Inf. Date signed 1/29/42

FOR REGISTRAR'S USE ONLY: Please write clearly. Physicians: please write the correct age is especially important.

YS 3

F 88644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-e

F 88644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ?
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Arnold

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7591

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1883

8. AGE: Years	Months	Days	If less than one day
58	10	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business,

FATHER
12. Name William Arnold
13. Birthplace ?

MOTHER
14. Maiden Name Bilda Rexer
15. Birthplace ?

16 (a) Informant Self
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director John Uhlmt
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JAN 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29/42 19 , at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26/41 19 , to 1/29/42 19 , and that I last saw h[illegible] alive on 1/29/42 19 .

Immediate cause of death Bronchogenic Ca — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Stevens M. D.
Address Mercy Hospital Date signed 1/29/42

Correct age is especially important. Physicians, please write

F 88645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore ANNESLIE MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 Dunkirk Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sophie KELLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~ William C. KELLER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1888

8. AGE: Years	Months	Days	If less than one day
53	9	27	hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name James Ieres
13. Birthplace Balto.

MOTHER
14. Maiden Name Anna Kaufman
15. Birthplace Pennsylvania

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or crematory Pikesville Comm.
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 5386 Harford Rd

19 (a) JAN 30 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942 to 1-30 1942 and that I last saw h[illegible] alive on 1-30-42 19

Immediate cause of death
Lobar Pneumonia
Due to with Acute Cardiac Collapse.
Due to Sugra vaginal Hysterectomy
Other Conditions 1-23-42 for Uterine Polyp
(Include pregnancy within 3 months of death)
Date of operation 1-23-42
Major findings of operation: Uterine polyp
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter B. Whitworth M. D.
Address Maryland Gen Hosp. Date signed 1-30-42

VS 3

correct age is especially important. Physicians, please write plainly

F 88646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mifflin, Samuel Dennis - 1850 Balto.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 N. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mrs. Augusta Rueckert

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife John Rueckert
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) June 8. 1858

8. AGE: Years	Months	Days	If less than one day
56	7	20	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John Bosies
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Hartman
15. Birthplace Germany

16 (a) Informant Miss Lena Bosies
(b) Address 2507 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Maryland

18 (a) Funeral director L. B. Shubert & Son
(b) Address 1200 Eutaw Place

19 (a) JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1942, at 2:45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
(a) Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moorhead M.D.
Medical Examiner.
Date signed 1/28/42

VS 6

correct age is especially important for persons 70 years and over

88647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-A Registered No. F 88647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Elliott st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Elliott st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Michael J McAvoy

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single ✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	8	10		

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Doctor

11. Industry or business

FATHER
12. Name Thomas McAvoy
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Dunn
15. Birthplace Maryland

16 (a) Informant Thomas McAvoy
(b) Address 3006 Elliott st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Old Frederick Rd

18 (a) Funeral director J. E. Moran
(b) Address 3006 Eastern

19 (a) JAN 30 1942 Registrar Washington for Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to January 27 1942
and that I last saw h alive on January 27 1942

Immediate cause of death: Coronary occlusion — Duration: one week
Due to Chr Myocarditis
Due to Arteriosclerosis
Due to Cirrhosis Liver
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Hirby M. D.
Address 1106 Norton Date signed 1-29-42

correct age if apparently inaccurate

F 88648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-13-42

F 88648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Nottingham, Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret Hammer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	married

6 (b) Name of husband or wife Mr Henry B. Hammer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1874

8. AGE: Years	Months	Days	If less than one day
67	10	20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Merica
13. Birthplace Virginia

MOTHER
14. Maiden Name Miss ? Monger
15. Birthplace Virginia

16 (a) Informant Clarence Hammer
(b) Address Longview Ave, Rising Sun, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 2 1942 (month) (day) (year)
(c) Cemetery or crematory Rosebank
Location Calvert Md

18 (a) Funeral director Ralph M Reed
(b) Address Rising Sun Md

19 (Date rec'd by registrar) JAN 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 1-30 1942 and that I last saw h[illegible] alive on 1-30 1942.

Immediate cause of death Respiratory failure — Duration 15 min.
Due to Pulmonary tuberculosis — Several months
Due to
Other Conditions Tuberculous Laryngitis — Two weeks
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. Leslie M. D.
Address Union Memorial Hos. Date signed 1-30-42

correct age is especially important. Physicians: please write

VS 3

38649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 38649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N.Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N.Curley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Pfaff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret Pfaff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1867

8. AGE: Years	Months	Days	If less than one day
75	-	27	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired Grocer
11. Industry or business

FATHER
12. Name George Pfaff
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Henry Pfaff Jr.
(b) Address 505 N.Curley St

17 (a) Burial (b) Date thereof Feb 2 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Harry A. Kunkel
(b) Address 4204 Ridgewood Ave

19 (c) JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942, at 7 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1942 to Jan 28 1942 and that I last saw him alive on Jan 28 1942

Immediate cause of death Uremia (Chronic Nephritis) — Duration, Jan 25/42 5 yrs.
Cardio-vas cular - renal
arterial hypertension
Due to arterio-sclerosis 5 yrs.
Due to
Other Conditions Enl. Prostate (Benign) 5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumeich M. D.
Address 722 N. Kenwood Ave Date signed 1/29/42

VS 3

F 88650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 133-B

F 88650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Dennison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Dennison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia A. Allender

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-6004

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: William N. Allender

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3rd 1880

8. AGE: Years 61 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Clothing Presser

11. Industry or business Morris & Co.

FATHER
12. Name William Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jane Barnes
15. Birthplace Md.

16 (a) Informant Mrs Edith Williams
(b) Address 630 Dennison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Asbury M. E.
Location Reisterstown Md.

18 (a) Funeral director William Cook
(b) Address 1362 St. Paul St

19 (a) JAN 30 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th 1942, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 29 1942, and that I last saw h.er alive on Jan 29 1942.

Immediate cause of death	Duration
Cystic degeneration of Right Kidney.	5 Yrs
Due to Uremia	1 da
Due to Myocardial Asthenia	2 hrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature C. W. Donnelson M. D.
Address 806 N Fulton Ave Date signed Jan 29th

VS 3

F 88651

F 88651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5243 Nelson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5243 Nelson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME A. Frank Angman

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24th 1871

8. AGE: Years	Months	Days	If less than one day
70	6	5	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Wholesale Druggist

FATHER
12. Name Anthony A. Angmann
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Harriett Seymour
15. Birthplace Balto. Md.

16 (a) Informant Mrs Mary A. Ormrod
(b) Address 5243 Nelson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th 1942 at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1941 to Jan 29 1942 and that I last saw him alive on Jan 28 1942

	Duration
Immediate cause of death Uraemic Coma	3 days
Due to Chronic Nephritis	4 yrs
Due to Arterio Sclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Ashburst M. D.
Address 402 Park Heights Ave Date signed 1-29-42

Please write correct age in space provided. Age is especially important. Physicians: please write plainly.

VS 8

F 88652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-13

F 88652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 751 Melville ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE LOETELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert C Loetell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 26 1875
8. AGE: Years 66 Months 6 Days 4 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Trefts
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Tucker
15. Birthplace Baltimore Md

16 (a) Informant Robert C Loetell
(b) Address 751 Melville Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wilhelm Bros
(b) Address 1417 E Lombard
19 (a) JAN 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1941 to Jan. 30 1942 and that I last saw h.e.r. alive on Jan. 30, 1942.

Immediate cause of death
Cachexia
Malnutrition
Due to Metastatic Carcinoma
Due to Carcinoma of the Stomach
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation Jan 28, 1942
Major findings of operation: Ca of Stomach.
of autopsy Jan. 30, 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams Hupik M. D.
Address St Joseph's Hospital Date signed 1/30/42

VS 1

Information correct age is especially important. Physician: please write the cause

F 88653 12653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1911

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Holbrook, st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Mcclelland

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Robert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 31, 1853
8. AGE: Years 88 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name Jacob Blouse
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma Baker
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 eastern, Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery Maryland Park
Location Parkville Md.
18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St
19 (a) (Date received by registrar) (b) (Registrar)

JAN 30 1942 Huntington Hollowell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1942, at 4 45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1939 to 1-27 1942 and that I last saw h[illegible] alive on 1-27 1942
Immediate cause of death Bron chopneumonia — Duration 3 days?
Due to Senile arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard K Rackliffe M. D.
Address Balto. City Hosp Date signed 1-29-42

88654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 88654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1247 Pulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1247 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie May Schuler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife Geo M. Schuler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/15/1852

8. AGE: Years	Months	Days	If less than one day
89	7	14	13 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Dunn
13. Birthplace Don't Know

MOTHER
14. Maiden Name McKinnon
15. Birthplace "

16 (a) Informant Mrs Geo Schuler Jr
(b) Address 1247 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director J. J. Foley Sons
(b) Address 21 S Eight St.

JAN 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1942, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1941, to Jan. 29, 1942, and that I last saw her alive on Jan. 27, 1942.

Immediate cause of death Chronic myocarditis. — Duration

Due to

Due to

Other Conditions Hypostatic congestion, (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. P. Friedman M.D.
Address 1319 Light St. Date signed 1/30/42 M. D.

correct age if apparently inaccurate

VS 1

88655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-4

Registered No. F 88655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Byrd Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL E. WILLIS

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-16-3741

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E. Tanner

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1883

8. AGE: Years: 58 | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Chief Engineer

11. Industry or business: Seafaring

FATHER
12. Name: William E. Willis
13. Birthplace: Oxford, Maryland

MOTHER
14. Maiden Name: Mary E. Jones
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park
Location: Frederick Ave

18 (a) Funeral director: J. J. McCauley
(b) Address: 120 E. Fort Ave.

19 (Date rec'd by registrar) JAN 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1942, at 6:25p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1941 to Jan. 29, 1942, and that I last saw him alive on Jan. 29, 1942.

	Duration
Immediate cause of death: Cachexia and Inanition	1 month
Due to: Widespread lymphnode metastases and cirrhosis of liver	Unknown
Due to: Carcinoma of gall bladder	1 year
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: 12/24/41

Major findings of operation: Excision of cervical lymphnodes-;paracentesis

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Wilder

Address US Marine Hospital, Baltimore, Maryland. Date signed 1/30/42 M D

VS 3

correct age if obviously wrong

88656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. E 88656

BG(71270)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4238 Park Heights Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Casper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Jacob Casper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1871

8. AGE: Years	Months	Days	If less than one day
70	5	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Welfare
11. Industry or business

FATHER
12. Name Jacob Wm. Baer
13. Birthplace Holland

MOTHER
14. Maiden Name Anna Kohn
15. Birthplace Germany

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/1/42 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew
Location Belair Rd

18 (a) Funeral director J. Abrams-Co
(b) 2 Fox Reisterstown Rd

19 (a) JAN 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1942 at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 1-30 1942 and that I last saw her alive on 1-30 1942

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic heart disease & Auricular fibrillation developing	
Other Conditions Carcinoma of the rectum	

(Include pregnancy within 3 months of death)
Date of operation 1-24-42
Major findings of operation: Carcinoma of rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice A. Pullen Jr. M. D.
Address Baltimore City Hospitals Date signed 1-30-42

VS 3

COPIES MAY BE OBTAINED

88657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 88657 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2278 East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles G Glackin

3 (b) If veteran, name war

3 (c) Social Security Account No. no card

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Laura Glackin
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 22 1872

8. AGE: Years	Months	Days	If less than one day
69	1	8	hr. min.

9. Birthplace Lancaster Co Pa (Town, county, and state)
10. Usual Occupation Steam fitter
11. Industry or business

FATHER
12. Name David L Glackin
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Rogers
15. Birthplace Pa

16 (a) Informant Laura Glackin
(b) Address 227 S East Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 2/42 (month) (day) (year)
(c) Cemetery or crematory Penn Hill Cem
Location Lancaster Co Pa

18 (a) Funeral director John Ullmt
(b) Address 2048 Orleans

19 JAN 30 1942 (Date rec'd by registrar) (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30/42 19 , at 1 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1942 to Jan. 30 1942 and that I last saw him alive on Jan. 30 1942.

Immediate cause of death	Duration
Angina Pectoris	30 minutes
Due to (Coronary occlusion)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Aileen C. Trentham,
Address 3139 E. Baltimore St Date signed M. 1-30-42 D.

VS 3

D.S. Wollenweber, M.D. per phone

F 88658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 Harford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Harford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen A. Pearce

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Female	White	Widowed

6 (b) Name of husband or wife William W. Pearce
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3rd, 1869

8. AGE: Years	Months	Days	If less than one day
72	8	27 26	########## hr. ########## min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Daniel McEntee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mamie (Unknown)
15. Birthplace Ireland

16 (a) Informant Mrs. Florence Knight (Daughter)
(b) Address 1730 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave.

19 (a) JAN 31 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Jan 29 1942, and that I last saw h[illegible] alive on Jan 29 1942.

Immediate cause of death: Carcinoma of Cervix — Duration 3 wks
Due to
Due to
Other Conditions Arteriosclerotic Cardiovascular Renal disease — Duration 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum, M.D.
Address 120 E. Preston St Date signed 1/30/42

Physicians: please write the cause of death so that correct age is especially important.

VS 3

F 88659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

F 88659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD CARL

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-03-2292

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/22/1882

8. AGE: Years 59 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Shirt Maker
11. Industry or business

FATHER
12. Name John Carl
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Trubgn
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary E Carl
(b) Address 2303 Rutter Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 2/2/42 (Month) (Day) (Year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1214 Pont St

19 (a) JAN 31 1942 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 19 42 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobar
Due to: right
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: no
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-30-42

VS 6

correct age is supported by [illegible]

3047 ✓
F 88660

BALTIMORE CITY HEALTH DEPARTMENT ✓
CERTIFICATE OF DEATH
93-D

F 88660
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 N.Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 N.Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Iola Blanche Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William J.Carter
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Mar 15 1867

8. AGE: Years	Months	Days	If less than one day
74	10	15	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Thomas S.Norwood
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Schroeder
15. Birthplace Baltimore Md

16 (a) Informant William J.Carter
(b) Address 1715 N.Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1942 (month) (day) (year)
(c) Cemetery or crematory Lerraine
Location Woodlawn Md

18 (a) Funeral director Harry A. Armacost
(b) Address 4204 Ridgewood Ave

JAN 31 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan 30 1942 and that I last saw h[illegible] alive on Jan 30 1942

Immediate cause of death Chronic cardio vascular disease — Duration ?

Due to

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest H. Rahn
Address 1735 Pop St. Date signed 1/31/42

Correct age is especially important

F 88661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 88661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Gaston ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Gaston Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francis E. McDonald

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of ~~husband or~~ wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1864

8. AGE: Years	Months	Days	If less than one day
77	7	29	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Retired

FATHER
12. Name James McDonald
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Anna McDermott
15. Birthplace Philadelphia, Pa.

16 (a) Informant Frank J. McDonald
(b) Address 1824 Linden ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Registrar's signature) (b) Huntington Williams, M.D. Registrar

JAN 31 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1942, at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Jan 29 1942
and that I last saw h— alive on — 19—.

Immediate cause of death: Cardio Renal disease — Duration: 3 years
Due to: Arterio Sclerosis — 3 years
Due to: (Arteriosclerotic cardiorenal disease)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Lundy M. D.
Address 4936 Park Heights ave Date signed 1-30-42

W. L. Lakelenreches, M.D. for pla

F 88662
MA 71328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88662

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 W. Fairmount Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Mary (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1874?

8. AGE: Years	Months	Days	If less than one day
? 67	2 ?	23?	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation On relief

11. Industry or business

FATHER
12. Name Clarence Smith
13. Birthplace Virginia

MOTHER
14. Maiden Name Henrietta ?
15. Birthplace Virginia

16 (a) Informant B. C. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles G. Corfer
(b) Address 514 E. Calhoun St.

19 JAN 31 1942 (Date received) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942, at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942 to 1-26 1942, and that I last saw h[illegible] alive on 1-26 1942.

Immediate cause of death	Duration
Urinary Extravasation & Uremia	9 days
Due to Urethral Strictures (Probably of Ca)	?
Due to	
Other Conditions Benign Prostatic Hypertrophy	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Webb M. D.
Address Balto City Hosp Date signed 1-27-42

correct age is extremely important

VS 8

F 88663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 88663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 Roslyn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ####
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Roslyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Bennett

3 (b) If veteran, name war: ###
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie U.Bennett
6 (c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): June 27,1861
8. AGE: Years 80 | Months 7 | Days 3 | If less than one day ....hr. ....min.
9. Birthplace: Frederick Md. (Town, county, and state)
10. Usual Occupation: Store Keeper
11. Industry or business: Plumbing & Stove

FATHER
12. Name: David T.Bennett
13. Birthplace: Frederick Md.

MOTHER
14. Maiden Name: Charity Jean
15. Birthplace: Frederick Md.

16 (a) Informant: Mrs.Nellie U.Bennett
(b) Address: 2220 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.2,1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: Robert S.Little
(b) Address: 2742 Edmondson Ave.

19 JAN 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1942, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1942, to 1/30 1942, and that I last saw h[illegible] alive on 1/30 1942.

Immediate cause of death: Lobar Pneumonia — Duration: 7 days
Due to: Pneumonia — 1 week
Due to: Vascular Heart Failure — Duration: [illegible]
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: X
of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: X

23. Signature: H. C. Harrison M. D.
Address: [illegible] Date signed 1/31/42

VS 3

Please write clearly. Physicians: please write the cause of death in such a way that it can be easily understood. Be sure to give correct age is especially important.

F 88664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-96 Registered No. F 88664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Beaufort Ave.
(c) Hospital or institution:
Boone Santi Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ###
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4414 Belview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie E. Sheckells

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Widow

6 (b) Name of husband or wife Milton O. Sheckells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1860

8. AGE: Years	Months	Days	If less than one day
81	7	15	____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name John VanDoren VanNortwick
13. Birthplace Newark N.J.

MOTHER
14. Maiden Name Elizabeth Hutchins
15. Birthplace Newark N.J.

16 (a) Informant Mrs. C. Halburt
(b) Address Bonnie Blink Cockeysville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 31 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1942 at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to Jan 30 1942
and that I last saw her alive on Jan 30 1942

Immediate cause of death Trauma

Due to Generalized arteriosclerosis

Due to senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3045 Woodland Ave. Date signed 1/31/42 M.D.

correct age is especially important. Physicians: please write the

F 88665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 88665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Parkd Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 452 E. Lorraine Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD CLARENCE WHITLEY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-03-9454

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anita Feigly
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 3, 1898

8. AGE: Years	Months	Days	If less than one day
43	7	26	27 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name William Whitley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida Morrow
15. Birthplace Baltimore, Md.

16 (a) Informant Records US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Memorial
Location

18 (a) Funeral director Charles C. Travers
(b) Address 2421 Edmondson Ave

19 JAN 31 1942 Huntington Williams, M.D.

VS 8

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 1942, at 8:27a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1942 to Jan. 30, 1942 and that I last saw him alive on Jan. 30, 1942.

Immediate cause of death	Duration
Uremia	7 days
Due to Chronic nephritis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/30/42 M. D.

F 88666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88666

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Oxford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Stewart Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9. 1898

8. AGE: Years 44 | Months 11 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benj. Edwards
13. Birthplace Roanoke Va

MOTHER
14. Maiden Name Julia ?
15. Birthplace Va.

16 (a) Informant Stewart Smith
(b) Address 509 Oxford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Ratie R. Williams
(b) Address 322 N Schroeder St

19 (a) JAN 31 1942 Hunter for Millicent, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1942 at 1:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1941 to Jan 29 1942 and that I last saw h[illegible] alive on Jan 29 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardio Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 823 W Franklin St Date signed Jan 30 1942 M. D.

COPIES MAY BE OBTAINED ONLY UPON WRITTEN REQUEST

F 88667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 88667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Rice

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Beatrice Rice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1, 1908
8. AGE: Years 33 Months 5 Days 27 If less than one day hr. min.
9. Birthplace Catonsville Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Rice
13. Birthplace Catonsville Md

MOTHER
14. Maiden Name Nannie Hamilton
15. Birthplace Va.

16 (a) Informant Nannie Duvall
(b) Address 1804 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19. JAN 31 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1942, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 1-28 1942, and that I last saw h.. alive on 1-28 1942.

Immediate cause of death: Pulmonary edema — Duration 2 hrs.
Due to: Acute Cardiac insufficiency — Duration ?
Due to: Chronic nephritis — Duration 3 mos
Other Conditions: Latent Syphilis, Subacute B.C. hypertension.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward O. Dame Jr. M.D.
Address University Hosp. Date signed 1-29-42

PRINT WITH PENCIL, WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

VS 2

F 88668 HEALTH DEPARTMENT—CITY OF BALTIMORE F 88668

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 Lancaster St. 2-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Catherine Hines

If U. S. Veteran specify WAR _____

(a) Residence: No. 1742 Lancaster St., _____ Ward S.S. No. 213-03-5817

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year): Mar. 19-1887

7. AGE: Years 54 | Months 10 | Days 11 10 | If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Peter Hines

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Antonie

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Hines

(Address) 1742 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwartz's Sun Date: Feb. 1 - 42

19. UNDERTAKER: John G. Miller

(Address) 2334 Jefferson Huntingtown Maryland, MD

20. FILED JAN 31 1942 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938 to Jan 29, 1942

I last saw her alive on Jan 28 1942 Death is said to have occurred on the date stated above, at 1 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Nathan Roemer M. D.

(Address) 206 S. Eutaw St.

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 88669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M Registered No.

F 88669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Fairview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~ROSARIO~~ VINCENT ROSARIO SERIO

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-07-0770

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: no

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 12, 1913

8. AGE: Years 28 27 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Linoleum mechanic

11. Industry or business

FATHER
12. Name Frank Serio
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria Forte
15. Birthplace Italy

16 (a) Informant Rosaria Serio
(b) Address 3624 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 2, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road & Edmondson Ave

18 (a) Funeral director John O. Mitchell Stone
(b) Address 1900 Eutaw Place Huntington Williams, M.D.

JAN 31 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942 at 8 1/2 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning
Due to Suicide
Due to Mental Deficiency
Other Conditions ho
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: ho

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan 30, 1942 AM
(c) Where did injury occur? Garage in rear of 3624 Springdale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage While at work? ho
(Specify type of place)
(e) Means of injury Auto exhaust gas

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-30-42

correct age is especially important. Typewriter preferred.

VS 6

F 88670
MA 71416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 88670
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Conway Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Logan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
69?			hr. min.

9. Birthplace ? Va (Town, county, and state)
10. Usual Occupation ? None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hosp. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore County, Md.
18 (a) Funeral director Joseph A. Lucky
(b) Address 3[illegible] Mount Street, Balto.
19 (a) JAN 31 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1942, at 9:25 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 1-26 1942 and that I last saw him alive on 1-26 1942.

Immediate cause of death	Duration
Uremia	7
Due to Interstitial nephritis chronic	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Interstitial nephritis chronic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-30-42

correct age is especially important, [illegible]

VS 3

88672 Kessler ✓ F 88671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 S Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Earl Kessler

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Nina
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) March 19. 1907
8. AGE: Years 34 | Months 10 | Days 12 | If less than one day: ____ hr. ____ min.
9. Birthplace Mt Carmel Pa (town, county, and state)
10. Usual Occupation Blacksmith Helper
11. Industry or business Mine Shop Yards

FATHER
12. Name Aaron Kessler
13. Birthplace Mt Carmel Pa

MOTHER
14. Maiden Name Sara Ashmonas
15. Birthplace Mt Carmel Pa

16 (a) Informant Daniel Macgonigle
(b) Address 333 S Calhoun St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 31 42 (month) (day) (year)
(c) Cemetery or crematory Sunbury Pa
Location Pennsylvania

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1942 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1942 to 1/31 1942 and that I last saw h[illegible] alive on 1/31 1942

Immediate cause of death: Mediastinitis — Duration: ____

Due to: Perilaryngeal Abscess — Duration: ____

Due to: ____ — Duration: ____

Other Conditions: Mumps Effusion on Knee — Duration: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Mediastinitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature B H Kerr RAYMOND
Address Sinai Hospital M. D.
Date signed 2/1/42

COTTAGE EGG IS ESPECIALLY suitable

38672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15

Registered No. E 38672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 W. 20th St. Block
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 W. 20th St. Block
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ezra Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife James Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20/1916

8. AGE: Years	Months	Days	If less than one day
25	4	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas W. Henry
13. Birthplace Md

MOTHER
14. Maiden Name Laura Norris
15. Birthplace Md

16 (a) Informant Laura Henry
(b) Address 105 W. 20th St

17 (a) Burial (b) Date thereof 1 31 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 1112 E. Preston St.

19 (a) JAN 31 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1942 at 6.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Tuberculous Peritonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Moffett M.D.
Medical Examiner.

Date signed 1-26-42

correct age is especially important. Typewriter preferred.

VS 6

88673 1 71449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 88673 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 S. Allwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Brzozowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-5007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or ~~wife~~ Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1900

8. AGE: Years	Months	Days	If less than one day
41	3	26	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Nowakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna? Biedronski
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John F. Weber
(b) Address 406 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1942 at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 1-30 1942 and that I last saw her alive on 1-30 1942.

Immediate cause of death	Duration
Uremia	24 days
Due to Interstitial nephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Interstitial nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Cockburn M. D.
Address Balto. City Hosp. Date signed 1-30-42

correct age is especially important. Registrar

VS 3

F 88674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-22-2

F 88674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Bryan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	

6 (b) Name of husband or wife Robert Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46 51			hr. min.

9. Birthplace Dorchester Co. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Unknown Wilson
13. Birthplace Unknown Airey Md

MOTHER
14. Maiden Name Priscilla Stanley
15. Birthplace Airey Maryland

16 (a) Informant Hattie Thomas
(b) Address Robert Bryan Cambridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetary
Location Cambridge Md

18 (a) Funeral director Sayers & Haynes
(b) Address Cambridge Md

19 (a) Date rec'd FEB 4 1942 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 to Jan 30 1942 and that I last saw alive on Jan 30 1942

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Post-operative	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan 19 1942
Major findings of operation Extensive adhesions, Ventral Hernia
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kysar Jr. M. D.
Address St Joseph's Hosp Date signed 1-30-42

PLEASE WRITE IN INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 88675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution: 1516 Division St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 McCulloh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie Davis

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1882

8. AGE: Years 59 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace Littleton, N. C. (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER
12. Name Hyde Davis
13. Birthplace Littleton, N. C.

MOTHER
14. Maiden Name Frank[illegible]?
15. Birthplace Littleton, N. Carolina

16 (a) Informant Eugene Dorsey
(b) Address 1902 McCulloh St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)
(c) Cemetery or crematory Gloucester
Location Virginia

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

19 FEB 1 - 1942 (b) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1942 at 12:27 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Jan. 30 1942 and that I last saw h[illegible] alive on Jan. 30 1942

Immediate cause of death: (a) Coronary thrombosis — Duration 1-24-42

Due to: Generalized Arterio-Sclerosis — 1-30-42

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autop[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. H. Saunders

Address 1632 Druid Hill Ave Date signed 1-30-42 M.D.

VS 1

A correct age is especially important. Physicians: please write the cause of death clearly.

F 88676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 88676

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 S. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 S Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Sachs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1896

8. AGE: Years	Months	Days	If less than one day
45	4	19	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Confectionary Store

FATHER
12. Name Hyman Sachs
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Goldberg
15. Birthplace Russia

16 (a) Informant Fannie Sachs
(b) Address 908 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 1, 19[illegible] (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Rd.
Location Mt Carmel Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) FEB 1 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

9.45

20. DATE OF DEATH January 31 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5th 1942, to Jan 31st 1942, and that I last saw h[illegible] alive on Jan 31st 1942.

Immediate cause of death — Duration
acute cardiac dilatation — (day
Due to Hypertension — 2 years
Due to — over
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Zimberg M. D.
Address 2326 Eutaw Pl Date signed 1/31/42

Please write plainly. Physicians: please write the causes of death correctly. Correct age is especially important.

VS 3

F 88677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 82

F 88677
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Wheeler Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Arthur Schein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Moses Schein
13. Birthplace Russia

MOTHER 14. Maiden Name Jennie Horwitz
15. Birthplace Russia

16 (a) Informant Mrs Maurice H. Levy
(b) Address 1911 Wheeler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 Filed FEB 1 - 1942 Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1942, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1942, to 1/31 1942 and that I last saw h[illegible] alive on 1/31 1942

Immediate cause of death
Cardiac failure
Complete heart block — Duration 2 d. 3 d.?
Due to
Friedrich's ataxia — ?
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A Gold, M.D.
Address WBJH Date signed 1/31/42

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is complete and correct as it is especially important.

F 88678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88678 Registered No.

RC(71268)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Pearl Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kazis Walaitis (Charles Valaetes)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2634

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	27	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Adam Walaitis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Annie ?
15. Birthplace Lithuania

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph P. Kaunakos Inc.
(b) Address 602 W. Washington Blvd.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

FEB 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30, 1942, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 1-30 1942 and that I last saw h[illegible] alive on 1-30 1942.

Immediate cause of death Tuberculous pneumonia — Duration

Due to

Due to

Other Conditions Frost bitten feet

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myrick H. Bullock Jr.
Address Baltimore City Hospitals M. D. Date signed 1-31-42

correct age is especially important. Physician: please write plainly

F 88679

JM 65252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

F 88679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 N. Lafayette, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Beulah Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1872

8. AGE: Years	Months	Days	If less than one day
69	5	6	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Supported by friend

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Nellie ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals nec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory Carlin's Heights Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penrose ave

19 (a) (b)

FEB 1 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1942 at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-[illegible] 1942 to 1-30 1942.
and that I last saw h[illegible] alive on 1-30 1942.

Immediate cause of death Uremia — Duration 3 weeks

Due to Arteriolar nephrosclerosis — ?

Due to

Other Conditions Cardiac failure — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp Date signed 1-30-42

correct age is especially important. Physicians, please

F 88680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 88680 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 Hanover st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WASIL G ULASEVICK

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-5903

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1893

8. AGE: Years 48 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business American Sugar Refining

FATHER 12. Name Not known

13. Birthplace Russian

MOTHER 14. Maiden Name Not known

15. Birthplace Russian

16 (a) Informant Mr. Alexander Yurkewich

(b) Address 3516 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2-42 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Anne Arundel County

18 (a) Funeral director John A. Stoltzenberg Jr

(b) Address 423 S. Paca St

19 (a) FEB 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942, at 2 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral edema	
Due to Chronic alcoholism	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

Was autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 1-30-42

Please write plainly. Physicians: please write the cause of death in such terms as will show correctly and accurately the disease, injury, or complication which caused death. Do not use abbreviations or symptoms. Please state the cause of death, not the mode of dying. Please fill in all items. Please report immediately any change in address. Please report promptly any error in this certificate. Please answer all questions. Please write in ink. Please sign your name. Please give your address. Please give your telephone number. Please give your occupation. Please give your age. Please give your sex. Please give your race. Please give your marital status. Please give your birthplace. Please give your citizenship. Please give your residence. Please give your business. Please give your employer. Please give your employer's address. Please give your employer's telephone number. Please give your employer's occupation. Please give your employer's age. Please give your employer's sex. Please give your employer's race. Please give your employer's marital status. Please give your employer's birthplace. Please give your employer's citizenship. Please give your employer's residence. Please give your employer's business. Please give your employer's employer. Please give your employer's employer's address. Please give your employer's employer's telephone number. Please give your employer's employer's occupation. Please give your employer's employer's age. Please give your employer's employer's sex. Please give your employer's employer's race. Please give your employer's employer's marital status. Please give your employer's employer's birthplace. Please give your employer's employer's citizenship. Please give your employer's employer's residence. Please give your employer's employer's business. Please give your employer's employer's employer. Please give your employer's employer's employer's address. Please give your employer's employer's employer's telephone number. Please give your employer's employer's employer's occupation. Please give your employer's employer's employer's age. Please give your employer's employer's employer's sex. Please give your employer's employer's employer's race. Please give your employer's employer's employer's marital status. Please give your employer's employer's employer's birthplace. Please give your employer's employer's employer's citizenship. Please give your employer's employer's employer's residence. Please give your employer's employer's employer's business. Please give your employer's employer's employer's employer. Please give your employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's business. Please give your employer's employer's employer's employer's employer. Please give your employer's employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's employer's business. Please give your employer's employer's employer's employer's employer's employer. Please give your employer's employer's employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's employer's employer's business. Please give your employer's employer's employer's employer's employer's employer's employer. Please give your employer's employer's employer's employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's employer's employer's employer's business. Please give your employer's employer's employer's employer's employer's employer's employer's employer. Please give your employer's employer's employer's employer's employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's employer's employer's employer's employer's business. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's address. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's telephone number. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's occupation. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's age. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's sex. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's race. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's marital status. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's birthplace. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's citizenship. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's residence. Please give your employer's employer's employer's employer's employer's employer's employer's employer's employer's business. Please give your employer's

F 88681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Monument St
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., ~~mos.~~ ~~days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME WOLF RADOVSKY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Freda Leah
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business

FATHER
12. Name Raffel
13. Birthplace Russia

MOTHER
14. Maiden Name Linda
15. Birthplace Russia

16 (a) Informant Ida Polesheck
(b) Address 3414 Springdale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Shaara Shomayim
Location Rogedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) FEB 1 — 1942 (Date of death must conform) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 1, 1942, at 6:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 28 1942, to FEB 1, 1942, and that I last saw H/M alive on Feb 1, 1942.

Immediate cause of death Cardiac decompensation — Duration

Due to Arteriosclerotic heart disease

Due to

Other Conditions Benign prostatic enlargement

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Leader M. D.
Address Lemmon Bldg Date signed 2/3/42

VS 8

correct age is especially important. If unknown, please estimate.

F 88682

JM 64369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home No relatives
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Wrote [FREDERICK WM. A. GROTE]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, ? 75

8. AGE: Years	Months	Days	If less than one day
66	? 6	? 30	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Grote
13. Birthplace Maryland

MOTHER
14. Maiden Name Bertha ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals rec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fourth Line

18 (a) Funeral director Jack Young Inc
(b) Address 1439 E. Balto St.

19 (a) (Date received by registrar) FEB 1 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1942 at 5-10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1942 to 1-30 1942 and that I last saw h[illegible] alive on 1-30 1942

Immediate cause of death Bronchopneumonia — Duration 6 days
Due to Cardiac failure — Duration ?
Due to Coronary occlusion — Duration ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Pelton M. D.
Address Balto. City Hosp Date signed 1-31-42

Please correct age is especially important. Physicians: please use typewriter.

F 88683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 88683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 W. Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Geraldine Ann Mandel (Infant F 47835)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 19 42

8. AGE: Years | Months | Days: 11 days | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morris Mandel
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Cohen
15. Birthplace Baltimore, Md

16 (a) Informant Mary Cohen Mandel
(b) Address 3905 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rya Hampton

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) FEB 1 1942 (Registrar's signature) (b) Huntington Williams M.D. (Registrar's initial letter)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19, 1942 to Jan 30 1942 and that I last saw her alive on Jan 30 1942.

Immediate cause of death: Respiratory failure

Due to: Hemorrhagic Disease of New Born

Due to: Possible Erythroblastosis Fetalis

Other Conditions: Prematurity (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Block MD M. D.
Address Sinai Hosp Date signed 1/31/42

PLEASE WRITE PLAINLY, with unfading ink. Use only standard abbreviations. Do not use ditto marks. Be sure that the information given is correct and complete. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are required. Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88684 / 3 7 0 1 / 3 7 0 2 / 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

✓ F 88684 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. If not in hospital or institution, give residence. Give usual occupation even if retired. Be sure that statements of age, birthplace, and names are complete and correct. Do not state "unknown" if any part is known. Do not leave any blank spaces. If the deceased was married, widowed, or divorced, the name of husband or wife should be given. Be sure that the cause of death is stated so as to show the primary cause, secondary or contributory causes, and the duration of each. Indefinite statements, such as "cancer," "tuberculosis," "heart disease," "paralysis," "kidney disease," "senility," "convulsions," "childbirth," "pneumonia," "infection," "hemorrhage," "accident," "fracture," "drowning," without explanation, are insufficient. Causes of death which may be the result of occupation should be reported with the occupation. Deaths from violence must be reported to the Coroner. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Cottman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Cottman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Gnaley (Greely)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1869

8. AGE: Years	Months	Days	If less than one day
72	7	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William T. Gnaley
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Glynn
15. Birthplace Ireland

16 (a) Informant Margaret Nuttle
(b) Address 4215 Cottman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month), (day), (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Funk
(b) Address 5915 Harford Rd.

19 (a) FEB 1 1942 (Date rec'd by Registrar) (b) Huntingtown Md. (Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1942, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/22 1941 to 1/29 1942 and that I last saw her alive on 1/29 1942.

Immediate cause of death	Duration
Heart Failure	
Due to Infarction of myocardium due to Coronary Thrombosis	
Due to Hypertension & CVD	15 yrs
Other Conditions None	
Arteriosclerosis general	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
As above
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Commaker, M. D.
Address St. Joseph's Hospital Date signed 1/29/42

F 88685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 88685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Jeannette Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1878

8. AGE: Years	Months	Days	If less than one day
63	8	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William H. Smith
13. Birthplace Va

MOTHER
14. Maiden Name Virginia Taylor
15. Birthplace Balto Md.

16 (a) Informant Mrs. Lucy Smith
(b) Address 2607 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George L. Lefevre
(b) Address 710 Frederick Ave

19 (a) FEB 1 - 1942 (b)
(Filed by Registrar) Huntington Hollins, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 19 42 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29/1941 to Jan. 31 1942. and that I last saw h alive on Jan. 31 1942.

Immediate cause of death Coronary occlusion — Duration 1 day

Due to Arteriosclerotic heart disease — Duration 2 yrs.

Due to Chronic nephritis — Duration 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. B. Moses
Address 448 N. Luzerne Ave. Date signed 1/31/42 M. D.

Print or type. Correct age is especially important. Physicians: please write the cause of death clearly.

F 88686 NM 71503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N. Bruce, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Hebron (HEBRON)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Dennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1885

8. AGE: Years	Months	Days	If less than one day
56	4	27	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business ?

FATHER
12. Name Charles Petera
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Lucinda Jones
15. Birthplace Annapolis, Md.

16 (a) Informant Baltimore City Hospitals nec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (b) Date thereof Feb. 2 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) 1942 (b) [illegible]
(Date received by Registrar) (Registrar)

FEB 1 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1942, at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1942 to 1-30 1942, and that I last saw h[illegible] alive on 1-30 1942.

Immediate cause of death	Duration
Esophageal Hemorrhage	48 hrs
Due to Esophageal varices	?
Due to Cirrhosis of Liver	3 yrs
Other Conditions	over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Hett M. D.
Address Balto City Hosp Date signed 1-30 42

correct age is especially important. Physicians: please write the cause of death plainly.

F 88687

F 88687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. _____

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name and address. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County _____
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? _____ Yes (Yes or No)
If yes, name country _____

3 (a) FULL NAME Rachel Franck Brown

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Walter Brown

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 8 1890

8. AGE: Years 51 | Months 7 | Days 21 | If less than one day: _____ hr. _____ min.

9. Birthplace Anne Arundel Co. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Home Wife

FATHER
12. Name Johnson Boyer
13. Birthplace Anne Arundel Co

MOTHER
14. Maiden Name Minnie Franck
15. Birthplace Anne Arundel Co.

16 (a) Informant Henrietta Griffin
(b) Address 932 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)

(c) Cemetery or crematory Fork, Md
Location Anne Arundel Co. Md

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) _____ (b) Washington Williams M.D. Registrar

Date rec'd by reg. FEB 1 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th 1942 4:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13th 1942 to Jan 29th 1942 and that I last saw her alive on Jan 27th 1942.

Immediate cause of death: Bronchio-Pneumonia — Duration 16 days
Due to: Ed Sclerosis
Due to: Acute myocarditis — 5 days
Other Conditions: _____
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Lucas M.D. M. D.
Address 1 N. Arlington Ave Date signed 1/30/42

F 88688 F 88688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 905 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Bratton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years: 26 | Months | Days | If less than one day: hr. min.

9. Birthplace Simpson - D.C. (town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name James Bratton
13. Birthplace Simpson - D.C.

MOTHER
14. Maiden Name Clentmie Kinsler
15. Birthplace Simpson - D.C.

16 (a) Informant John Kinsler
(b) Address 1009 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) FEB 1 - 1942 Date rec'd by registrar — Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1942 at 2 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1942 to Jan. 27 1942 and that I last saw [illegible] alive on Jan 27 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration: 18 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hospital Date signed 1 M.D.

Please write the cause of death in such terms as will describe the disease, injury, or complication directly causing death. Physicians: please write the cause of death in such terms as will describe the disease, injury, or complication directly causing death. Statements of conditions of long duration should be supplemented by the approximate date of onset. Accurate and complete information concerning deaths from violence is required. Correct age is especially important.

VS 2

F 88689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3218 Abell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Abell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aloysius J. Shetla

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida M. Shetla

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/1867

8. AGE: Years	Months	Days	If less than one day
74	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Shetla
13. Birthplace Switzerland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs A. J. Shetla
(b) Address 3218 Abell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Faber & Sons
(b) Address 1217 N. Eutaw St

FEB 1 - 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1942 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 3 1942 to January 29 1942 and that I last saw him alive on January 29 1942.

Immediate cause of death
Broncho-pneumonia
following
Due to Bronchitis as primary

Due to Age &c Hemorrhage (Cephegal)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 wks
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. W. Keown
Address 1938 Linden Ave Date signed 1/30/42

VS 3

Please write plainly. Be sure to correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 88690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 88690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4213 Wentworth Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 S
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4213 Wentworth Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Howe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Widower

6 (b) Name of husband or wife Sarah Doheny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1858

8. AGE: Years	Months	Days	If less than one day hr.	min.
83	11	2		

9. Birthplace Ireland (Town, county and state)
10. Usual Occupation Retired Foreman
11. Industry or business Keeper

FATHER
12. Name Daniel Howe
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs F C Howe
(b) Address 4213 Wentworth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's Seminary
Location Stonelawn Ave

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 E. Lanvale St

19 (a) FEB 1 1942 (Registered by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1942, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1939, to Jan. 30 1942, and that I last saw h alive on 1/29 1942.

Immediate cause of death Arteriosclerotic Cardio-Renal Vascular Disease

	Duration
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Langhein M. D.
Address 1201 N. Payson St. Date signed 1/31/42

Physician: please write the cause of death in such terms that the correct age is especially important.

F 88691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88691

CERTIFICATE OF DEATH ✓46+

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Linwood Ave. 13th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME WILHELMINA WARTHER

If U. S. Veteran specify WAR _____

(a) Residence: No. 2204 Eutaw Place St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AUGUST. E. WARTHER

6. DATE OF BIRTH (month, day, year) FEB 13 1873

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY.

FATHER

13. NAME CARL BECKER

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME WILHELMINA BREPE

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT MRS C. E GRAHM.

(Address) 220 LINWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL St Paul's Cem Violetskille Md 2-2 1942

19. UNDERTAKER Mrs Charles A J Rohde

(Address) 2327 Edmondson Ave

20. FILED FEB 4 1942 Hamilton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1941 to Jan 30, 1942

I last saw h[illegible] alive on Jan 30 1942 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1941
Other contributory causes of importance: Pulmonary Tuberculosis Hypertension Disease	1939

Was an operation performed? Yes - Date of Nov. 29, 1941

For what disease or injury? _____

Name of operation Exploratory

What test confirmed diagnosis? Pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____

(Signed) Joseph Leidler M. D.

(Address) 2548 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be easily understood. OCCUPATION is very important. See instructions on back of certificate.

409290
F 88692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-1 F [redacted]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 Quackenbos St NW (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willis M. Huffstetler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-4-08

8. AGE: Years	Months	Days	If less than one day
33	1	27	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Bus Oper
11. Industry or business

FATHER
12. Name Jos. M Huffstetler
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/1/42 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Weel Funeral Home
(b) Address 4812 Ga Ave. NW Wash D.C.

19 FEB 1 - 1942 (c) Filed by Registrar [illegible] Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 3 1942 to Feb 1 1942 and that I last saw him alive on Feb 1 1942

	Duration
Immediate cause of death Pneumonia & asphyxia	4 days
Due to Carcinoma of pharynx	9 mos?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce J. Tracy M. D.
Address Johns Hopkins Hospital Date signed 2-1-42

Please write plainly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

VS 3

F 88693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

F 88693

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Orphan Home St. 27 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Nettie Herman

(a) Residence: No. Greenspring Belvedere St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham Herman

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 83; Months; Days; If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Farber

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Eva Farber

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Sig Feinblatt

(Address) Greenspring · Belvedere

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Carmel Date: 2/1/42

19. UNDERTAKER: Jack Levin Inc.

(Address) 1489 E. Baltimore St.

20. FILED FEB 1 1942 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/1/42, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1939 to 2-1, 1942

I last saw h[illegible] alive on 2-1, 1942 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	1-20-42
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. Edmund Levin M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

410751
F 88694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

F 88694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 W 73rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerome Weiner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 4-1-96
8. AGE: Years 45 | Months 10 | Days 0 | If less than one day: hr. min.
9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name John Weiner
13. Birthplace Holland

MOTHER
14. Maiden Name Kate Delmonte
15. Birthplace N.Y.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New York
Location New York

18 (a) Funeral director John Louis Inc
(b) Address 1439 E. Balto St.

19 (d) FEB 1 — 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1942 at 10 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1942 Feb 1 1942 and that I last saw ~~him~~ alive on Feb 1 1942

Immediate cause of death: Cerebellar Tumor (malignant) — Duration: 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Jan. 31, 1942
Major findings of operation: Tumor
of autopsy: not done

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Ostenarck M. D.
Address J.H.H. Date signed 2-1-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

F 88695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83 aF 88695
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie C. Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Oscar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1886

8. AGE: Years 55 | Months 3 | Days 76 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Kirby
13. Birthplace West River, Md.

MOTHER
14. Maiden Name Jennie ? ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mildred Coard
(b) Address 1504 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Co. Md.

18 (a) Funeral director Mr. George W. Holland
(b) Address 1631 Druid Hill Ave.

FEB 1 - 1942 (Date rec'd by Registrar) (b) Huntingtown Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1942, to Jan. 28 1942, and that I last saw h alive on Jan. 28 1942.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertention
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carper M. D.
Address 1433 Madison Ave Date signed 2-1-42

Remsburg

F 88696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

F 88696

Reg. Dist. No. _____

PLACE OF DEATH:

County Baltimore

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years

Hospital, institution, or street address where death occurred: 520 West Mulberry St

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If stillborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 520 W. Mulberry St.

(If rural, give LOCATION)

2.(d) If veteran, name war _____

1. (a) FULL NAME Laura Virginia Remsburg

3. (b) Social Security Number _____

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife J. Clayton Remsburg

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1859

8. AGE: Years 82 | Months 4 | Days 13 | If less than one day: _____ hrs. _____ min.

9. Birthplace Myersville, Fred. Co. Md. (Town, county, and state)

10. Usual occupation Retired housewife

11. Industry or business Gun

MOTHER / FATHER

12. Name Ezra Routzahn

13. Birthplace Myersville Md

14. Maiden name S. Catherine Hays

15. Birthplace Myersville, Md.

16. Informant Mrs Ezra Randall

Address 520 W. Mulberry St. Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof FEB 7 1942 (month) (day) (year)

Cemetery or crematory St Paul's Lutheran

Location Myersville Md

18. Funeral director J. Thos. Bitty & Son

Address Myersville, Md

19. Filed (Date received by registrar) FEB 1 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26th 1942, to Jan. 31st 1942, and that I last saw h. alive on Jan. 31st 1942

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 days
Due to Hypertension Pulmonary	10 yrs
Due to _____	
Other conditions _____	

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE H. Holcomb Eddy M.D. M. D. or other

Address 2502 Dalrymple Hgts Rd. Date signed 2-1-42

F 88697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88697

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Please report correct age in all cases. Information as to age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Ballona Ave.

(c) Hospital or institution:

EDGEWOOD NURSING HOME

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Carroll

(c) City or town Rd 2 Westminster, Md. Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2724 st. Paul St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Bessie Dean Summers.

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry B. Summers

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 7, 1877

8. AGE: Years	Months	Days	If less than one day
64	9	24	hr. min.

9. Birthplace Carroll Co. Md (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER	12. Name	John Snader
	13. Birthplace	Maryland
MOTHER	14. Maiden Name	Alice Clemson
	15. Birthplace	Maryland

16 (a) Informant Harry B. Summers

(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Pipe Creek

Location New Windsor Carroll Co. Md

18 (a) Funeral director C. M. Walsh

(b) Address Winfield Md

19 (a) Filed FEB 1 1942 (b) Registrar Huntington Billingslea M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31st — 1942, at 2:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1942 to 1/31 1942 and that I last saw h. alive on 1/31/1942 19

Immediate cause of death

Cerebral Haemorrhage — Duration 1 hr.

Due to Carbon Monoxide poisoning — Duration 5 hrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Whitelow M. D.

Address 4309 York Rd Date signed 1/31/42

F 88698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 88698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Cannon (Cannon)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Julia.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace N C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Moses Cannon.
13. Birthplace N C.

MOTHER
14. Maiden Name Fannie Wilson
15. Birthplace N C.

16 (a) Informant Julia Cannon
(b) Address 815 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Bechtold & Geddis
(b) Address 711 McCulloh St

19 (a) FEB 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942 to Jan. 24 1942 and that I last saw him alive on Jan. 24 1942

Immediate cause of death
(a) Esophageal Varices (Ruptured)
Due to Portal Cirrhosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed clinical diagnosis

Duration
(a) 2 days
(b)
(c)
(d) own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckless
Address Provident Hosp. Date signed 1/29/42

VS 3

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is correct as it is especially important.

F 88699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C F 88699 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in answer to each question is complete and correct. Data concerning the decedent's usual residence and age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3043 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna C. Rafferty

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-10-5195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6 1885

8. AGE: Years	Months	Days	If less than one day
56	8	25	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Munsey Bldg Co.

FATHER
12. Name Thomas Rafferty
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Dailey
15. Birthplace Balto Md.

16 (a) Informant Mary Rafferty
(b) Address 3043 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Josephs
Location Texas Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) FEB 2 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1942, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to Jan 31 1942, and that I last saw h-- alive on Jan 31 1942.

Immediate cause of death: Rheumatic Cardio-Vascular — Duration: Chronic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Hilpert

Address 5006 Roland Ave Date signed 2/1/42

VS 3

F 88700

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88700

CERTIFICATE OF DEATH

√107

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Lazenac Ave Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Emma Price Morris

(a) Residence: No. 430 N. Lazenac Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles T. Morris

6. DATE OF BIRTH (month, day, year) Aug 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Frenchville Md

FATHER

13. NAME James B. Price

14. BIRTHPLACE (city or town) (State or country) Queens Co. Md

MOTHER

15. MAIDEN NAME Sarah V. Wise

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs T. S. Williams

(Address) 2309 Roslyn Ave

18. BURIAL, CREMATION OR REMOVAL Mayfield Cem Gwynns Falls Md Date 2/3 1942

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED FEB 2 — 1942 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1942.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1929 to Feb. 1 1942

I last saw her alive on Feb. 1, 1942. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Broncho-pneumonia	
due to	
Asthmatic bronchitis	6 weeks
Other contributory causes of importance	
Chronic pernicious asthma	15 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Morris M. D.

(Address) 1448 N. Lanvale Ave

Information should be carefully checked. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V9 2

F 88701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 88701 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Westfield Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Westfield Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha J Arnold

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1874

8. AGE: Years 67 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, or state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name John Morris
13. Birthplace Md

MOTHER
14. Maiden Name Martha T Wheeler
15. Birthplace Md

16 (a) Informant Elsie M Taylor
(b) Address 2218 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Wilhom Coe
(b) Address 1 E Pond St

FEB 2 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Wilhom Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942, at 11:6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Jan 31 1942 and that I last saw her alive on Jan 30 1942.

Immediate cause of death
Exhaustion (2 days) Duration
Due to
Carcinoma of Uterus (Subfinite)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Campbell
Address 1644 Hanover St Date signed 1/31/42 M D

F 88702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 88702 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 N. Hilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 N. Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ena M. Sinclair

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: 41BE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: James M. Sinclair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29th 1887

8. AGE: Years	Months	Days	If less than one day
54	1	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Willard M. Gambrill
13. Birthplace Md.

MOTHER
14. Maiden Name Talia F. Horsey
15. Birthplace Florida

16 (a) Informant James M. Sinclair
(b) Address 1627 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Wilkens Bros
(b) Address 127 St. Paul St

19 (Signature and title) Hunter for Miller (Registrar)
FEB 2 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1942 to 1/31 1942, and that I last saw h~~er~~ alive on Jan 29 1942

Immediate cause of death: Myocardial failure — Duration: 2 weeks
Due to: Rheumatic endocarditis - Ad. Mitral stenosis and insufficiency; Auricular fibrillation. — Duration: 10 years +
Due to:
Other Conditions: Hemiparesis from cerebral embolism.
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul H. Clough M. D.
Address 24 E. Eager St Date signed 2/3/42

F 88703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88703 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat 32 L 8-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 East Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Jeanette) Nettie E. Lemmert

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John R Lemmert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1868

8. AGE: Years 74 | Months 0 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Lemmert
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie M. Ebling
15. Birthplace Germany

16 (a) Informant Records Mt. Hope Retreat
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 2 1942 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1942, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Jan 31 1942, and that I last saw h[illegible] alive on Jan 31 1942.

Immediate cause of death Respiratory Paralysis — Duration 1 day
Due to Cerebral Hemorrhage — 2 days
Due to
Other Conditions Manic Depressive Psychosis followed by Epilepsy — 23 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. F. Alagia M. D.
Address 3326 Wakefield Ave Date signed

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Please see that age is correct and is especially important.

F 88704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 F 88704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Items ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Emil Schaffer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 11 - 1859

8. AGE: Years	Months	Days	If less than one day
83	0	20	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business Retired - Ind. Engl. & Stamp.

FATHER
12. Name Justus Schaffer
13. Birthplace Germany

MOTHER
14. Maiden Name Henriette W. Engle
15. Birthplace Germany

16 (a) Informant Barry J. Schaffer
(b) Address 1050 W. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or Crematory Balto. Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 2 - 1942 (Date rec'd by registrar) (b) Huntington Whitehouse, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 - 1942, at 5:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Brodie M.D. Medical Examiner.
Date signed 2-1-42

88705 JM 71334 BALTIMORE CITY HEALTH DEPARTMENT F 88705

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (901 roll, st. ?)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Lebedieski

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
98	?	?	hr. min.

9. Birthplace ?
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore city hospitals sec.
(b) Address 4940 eastern, ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 FEB 2 1942 Per H. A. Moore
(Date rec'd by registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942 at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942 to 1-24 1942 and that I last saw h alive on 1-24 1942

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitson M. D.
Address Balto. City Hosp. Date signed 1-29-42

VS 3

7013

F 88706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
13-B

Registered No. F 88706

PLEASE WRITE PLAINLY, with INK. Follow the instructions on this certificate carefully, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Irvin Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Kamm 71094

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1888

8. AGE: Years 53 | Months 11 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1942

18 (a) Funeral director Commission of Health
(b) Address Per H. A. Moore

19 (a) FEB 2 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1942, at 6:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 to Jan 18 1942, and that I last saw h im alive on Jan 12 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Gabbin M. D.
Address Balt City Hosp Date signed 1-19-42

VS 3

7012

F 88707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88707

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in permanent ink. Do not use pencil. Do not fold. Do not write outside the lines. Be sure to answer all questions and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1738 Clarkson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Clarkson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mary Weamert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William, Jr.

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan. 18. 1903

8. AGE: Years 39 | Months 0 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, state or foreign country)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: John Ireland

13. Birthplace: Balto., Md.

MOTHER 14. Maiden Name: Margaret Koppleman

15. Birthplace: Balto., Md.

16 (a) Informant: Wm. J. Weamert

(b) Address: 1738 Clarkson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 4/42 (month) (day) (year)

(c) Cemetery or crematory: Glen Haven

Location: Glen Burnie, Anne Arundel Co., Md.

18 (a) Funeral director: Maurice J. Flynn

(b) Address: 1432 Light St.

19 (a) FEB 2- 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1/ 1942 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26/42 19 to 2/1/42 19 and that I last saw h er alive on 1/31/ 1942.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: ?

Due to: —

Due to: —

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deiler M. D.

Address 1226 Hanover St. Date signed 2/1/42

VS 1

F 88708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88708 Registered No.

PLEASE WRITE PLAINLY, WITH INK AND IN... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Smith

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.) 5/2/1901
8. AGE: Years 40 | Months 8 | Days 26 | If less than one day: hr. min.
9. Birthplace Eastern Shore, Md. (Town, county, and state)
10. Usual Occupation Pianist & Chair Maker.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Rosella Hopewell (DF)
(b) Address 1512 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.County, Md.

18 (a) Funeral director Charles Hoofnel
(b) Address 514 N. Calhoun St.

19 (a) FEB 2 - 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29th 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to Jan 29 1942, and that I last saw him alive on Jan 28 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas Shepherd M. D.
Address 1631 W Franklin Date signed 1-31-42
for E. L. Wellenbeck

F 88709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122

F 88709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynes
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Braddish Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Clara Reed

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Lewis Reed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29 1881

8. AGE: Years 60 | Months 3 4 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Mariana Ark. (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name William Burr Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Lydia Ann Lee
15. Birthplace Jackson Co Indiana

16 (a) Informant Mr. William Reed
(b) Address 4502 Wentworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) Received FEB 2 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1942 at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1942 to 2/1 1942 and that I last saw him alive on 2/1/42.

Immediate cause of death: Uremia
Due to: Chronic Nephritis
Due to: Intestinal Obstruction
Due to: adhesions
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 1/27/42
Major findings of operation: Intestinal Obstruction
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Wallenstein M.D.
Address 1626 Braddish Ave Date signed 2/4/42

F 38710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88710 Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 South Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 South Road MT WASH
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED PFITSCH, SR.

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma B. Pfitsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1862

8. AGE: Years 79 | Months 7 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Baker - Retired

11. Industry or business Self

FATHER
12. Name John Pfitsch
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Schreiber
15. Birthplace Germany

16 (a) Informant Mrs. Emma B. Pfitsch
(b) Address 1704 South Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave. Huntingdon Williams, M.D.

19 (a) FEB 2 - 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Jan 30 1942 and that I last saw h... alive on Jan 29 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: about 2 yrs.

Due to: Cardio Renal Vascular Dis. — Duration: about 5 yrs.

Due to: Arteriosclerosis

Other Conditions: apc

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. E. Kuser, M. D.
Address Weller Bldg. Date signed Jan 31 1942

VS 3

F 88711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

F 88711 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 DeSota Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 DeSota Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES WESTPHAL, SR.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-05-1327

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Elizabeth B. Westphal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2d 1881

8. AGE: Years	Months	Days	If less than one day
60	9	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Detective - Special Officer
11. Industry or business B. & O. R. R.

FATHER
12. Name George Westphal
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Sertz
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth B. Westphal
(b) Address 1005 DeSota Road

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (Date received) FEB 2 1942 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 30 1942 and that I last saw ~~him~~ alive on 19

Immediate cause of death	Duration
(a) Cerebral hemorrhage	
arteria sclerosis	
Myocarditis, Chronic nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Kaden M. D.
Address 2306 Eutaw Pl. Date signed 2-1-42

VS 8

F 88712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 88712 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Ellamont St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas James (THOMAS HARVEY JAMES)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-01-6407

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna T James

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Aug 30, 1881

8. AGE: Years: 60 yr. Months: 5 Days: 0 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Salesman (Galloway-James Co.)

11. Industry or business: Hardware firm

FATHER
12. Name: Daniel James
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Emma Taylor
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Anna T. James
(b) Address: 1612 Ellamont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) [illegible] 1942 [illegible] Huntington Wilkins, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30/42 19 , at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21/41 19 , to 1/30/42 19 , and that I last saw him alive on 1/30/42 19 .

Immediate cause of death: Sepsis — Duration: 2 mos.

Due to: Carcinoma of colon — 1½ yrs.

Due to:

Other Conditions: Generalized arteriosclerosis. ? Pulmonary metastases

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: Not Related Cause

23. Signature:
Address: Church Home & Inf. M.D.
Date signed: 1/31/42

F 88713

Leon Surie

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-B

F 88713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as the law is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Light St.

(c) Hospital or institution: South Baltimore Gen'l

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 dys

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3204 Elliott St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Surie Leon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4164

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1870

8. AGE: Years 35 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Com Worker

11. Industry or business

FATHER 12. Name Stanislaus Surie

13. Birthplace Poland

MOTHER 14. Maiden Name Mary Klonza

15. Birthplace Poland

16 (a) Informant Maryanna Surie

(b) Address 3204 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1942 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Balto Co Md

18 (a) Funeral director Joseph Thomas Sons & Co

(b) Address 1407 Eastern Ave Rd

19 (a) Registered by registrar (b) Huntington Williams, M.D. Registrar

FEB 2 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/42 19 , at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30 1942 to 1/31 1942, and that I last saw h alive on 1/31 1942

Immediate cause of death Thyroid Crisis

Due to Exophthalmos

Due to Toxic toffee goiter

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Toxic goiter

Of autopsy

Duration
10 days
2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul E. Thompson M. D.

Address 1213 Light Street Date signed 1-31-42

F 88714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 Rayner Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Estella Clements

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1884

8. AGE: Years 57 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Clements
13. Birthplace Md

MOTHER
14. Maiden Name Ella Bryan
15. Birthplace Md

16 (a) Informant Clarence B. Clements
(b) Address 2741 Rayner Ave Bro

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry [illegible]
(b) Address 4101 Edmondson Ave

19 (a) [illegible] (b) [illegible] Registrar

FEB 2 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1942 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1942 to 1/30 1942 and that I last saw h[illegible] alive on 1/30 1942

Immediate cause of death

Coronary thrombosis — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thayer A. Grace M.D.

Address WBGH Date signed 1-31-42

F 88715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 88715
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie May Wright Preston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Common law

6 (b) Name of husband or wife Robert T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1906

8. AGE: Years	Months	Days	If less than one day
34	3	27	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name	William Pattis
FATHER 13. Birthplace	N. Car
MOTHER 14. Maiden Name	Pearl Johnson
MOTHER 15. Birthplace	N. Car

16 (a) Informant Robert T. Preston
(b) Address 1613 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (month) (day) (year)
(c) Cemetery or crematory Payne's Cem.
Location Deanwood, Washington, D. C.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St Williamsport, Md.

19 FEB 2 - 1942 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942, at 2-45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Stab wound of chest; incised wound of — Duration

Due to pulmonary edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Jan 31 1942 at 1:30 a M
(c) Where did injury occur? 1108 Rhode Island Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Tavern While at work? No (Specify type of place)
(e) Means of injury Stabbing (Pocket Knife)

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 2/2/42

VS 4

F 88716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194-a

F 88716 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Harlem ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Burley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rebecca Burly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1860

8. AGE: Years	Months	Days	If less than one day
81	4	18	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John Burly
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Catherine Gaither
15. Birthplace A. A. Co. Md.

16 (a) Informant Mrs. Addie Howard
(b) Address 1514 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month) (day) (year)
(c) Cemetery or crematory William's Cem.
Location Harmon's A. A. Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 Hamilton Ave Riddle Ave Stapleton N.Y.

FEB 2 - 1942 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942 at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/31/42

F 88717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92B

F 88717 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Kennedy Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Ireland

3 (a) FULL NAME Annie E. Wyatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Joseph Wyatt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1857

8. AGE: Years	Months	Days	If less than one day
85	4	1	hr. min.

9. Birthplace Ireland (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James E. Dobbin
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Dobbin
15. Birthplace Ireland

16 (a) Informant Edward Wyatt
(b) Address Owens Mills, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] Huntington Williams, M.D.

FEB 2 1942

VS 2

Dr Selde

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942, at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942, to Jan 31 1942, and that I last saw her alive on Jan 31 1942.

Immediate cause of death: Coronary Occlusion — Duration 14 hrs ?
Due to
Due to
Other Conditions Mitral Insufficiency ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry J. Hyde
Address 1100 E North Ave Date signed 2/1/42

Howard J. Hyde M.D.

F 88718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a F 88718 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2249 E Preston St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Kline Birth F43956

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31st, 1942

8. AGE: Years | Months | Days | If less than one day: 15 hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William F. Kline
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Kathleen E. Fuchs
15. Birthplace Balto., Md.

16 (a) Informant Wm. F. Kline
(b) Address 2249 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Forsaken Family
Location Balto. Co., Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 2401 Belair Road

19 FEB 2- 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942 at 10:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Atelectasis Neonatorum — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm F. McGeeck M.D. Medical Examiner.
Date signed 2/2/42

VS 6

F 88719

SCHOENIG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 88719

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1718 Darley Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or Town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1718 Darley

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Barbara Schoenig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Valentine Schoenig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1853

8. AGE: Years	Months	Days	If less than one day
88	6	26	hr. min.

9. Birthplace At Home

(Town, county and state)

10. Usual Occupation Balto Md

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs Lillian T Hall

(b) Address 1718 Darley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J Rusch

(b) Address 5305 Harford Ave

19 (a) FEB 2 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to Jan 29 1942 and that I last saw him alive on Jan 29 1942

Immediate cause of death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration

2 mos

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D.

Date signed FEB 2 1942

VS 3

F 88720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88720 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 20 yrs. years

3 (a) FULL NAME Annie Salumbeck.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Simon Salumbeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Sig 7 emblatt
(b) Address Greenspring. Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wash. Blvd
Location Aitz Chaim Cem.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1139 E. Balto. St

19 (a) FEB 2 - 1942 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1942 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1937 to 2-1 1942 and that I last saw h alive on 2-1 1942.

Immediate cause of death
Bronchopneu.
Chr. card. vascular disease

Duration 1-30-42

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin MD
Address Levendale Date signed 2/2/42

VS 8

88721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-31-42

Registered No. F 88721

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Unk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME UNIDENTIFIED WHITE MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 2 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Renal Disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. A. Wollenweber M.D. Medical Examiner.
Date signed 1-21-42

V8 6

7017

F 88722 3.67 F 88722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 West wood ave.
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 West wood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Lee.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert Lee

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) August 11, 1890

8. AGE: Years 51 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Berlin Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Pitts
13. Birthplace Berlin Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Husband
(b) Address 1725 W eatwood

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location City

18 (a) Funeral director George C. Kelson
(b) Address 1303 Pressman St

19 (a) FEB 2 1942 (Date received by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 1-30 1942 and that I last saw her alive on 1-30 1942.

Immediate cause of death Carcinoma of cervix metastasis.

Duration 6 mos.

Due to Hemorrhage. 11 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M. D.
Address 600 N Eutaw St. **Date signed** 2/1/42

VS 3

F 88723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-3

F 88723

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1316 Mosher
(b) Street address 1316 Mosher
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Mosher (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harriette Mason

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced X

6 (b) Name of husband or wife Williams Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1871

8. AGE: Years 70 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name [redacted] Williams
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Lottie Beasley
(b) Address 1318 Mosher

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balt. City

18 (a) Funeral director Thomas E Nelson
(b) Address 1303 Druid Hill Ave

19 (a) FEB 2 1942 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1942 at 5.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1942 to 1/24 1942; and that I last saw him alive on 1/24 1942.

Immediate cause of death Cer. Nephritis — Duration

Due to Uremia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature B M R Cullen M. D.

Address 134 Druid Hill Ave Date signed

VS 3

F 88724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88724
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Guilford ave & 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Reservoir St., City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie Rogers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Mr. Brafton Lloyd Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5th 1865

8. AGE: Years	Months	Days	If less than one day
76	4	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Alexander Russell
13. Birthplace Maryland

MOTHER
14. Maiden Name Anne Paul
15. Birthplace New Jersey

16 (a) Informant G. Lloyd Rogers
(b) Address 1417 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location North Milton Ave

18 (a) Funeral director John A. Smith & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 2 - 1942 (Date rec'd by registrar) Huntington, W. Va.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31st 1942, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29th 1942 to Jan. 31st 1942 and that I last saw her alive on Jan. 31st 1942.

Immediate cause of death Coronary occlusion — Duration 5 hrs

Due to Coronary sclerosis

Due to

Other Conditions Lobar pneumonia, left lower lobe — 9 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. A. Hayden M. D.
Address Union Memorial Hosp. Date signed 1-31-42

41-B 88725 ✓ × F 88725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 21-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La (b) County
(c) City or town New Orleans (If outside city or town limits, write RURAL and give town)
(d) Street No. 2645 Jonquil St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilfred J. Heintz ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-19

8. AGE: Years	Months	Days	If less than one day
22	9	21	hr. min.

9. Birthplace La. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilfred Heintz
13. Birthplace N.O., La.

MOTHER
14. Maiden Name Angelina Girard
15. Birthplace N.O. La.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1942 (month) (day) (year)
(c) Cemetery or crematory New Orleans, La.
Location New Orleans, La.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Esplanade Place

19 (a) FEB 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942 at 9 58 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 2 1942, and that I last saw him alive on Feb 2 1942

Immediate cause of death Respiratory failure

Due to Left pneumothorax as

Due to Right bronchopneumonia

Due to Pericardectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-31-42

Major findings of operation: Constrictive Pericarditis

of autopsy: Not done.

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frankel Irwin, M. D.
Address J. H. H. Date signed

VS 2

F 88726

F 88726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Jackson Blundon

(a) Residence: No. Northway Apts St., Ward 18 No. 216-03-2357

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Eunice C Blundon

6. DATE OF BIRTH (month, day, year) April 23, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) Jan 19, 1942

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reedville Burgess Store Virginia

FATHER

13. NAME Robert M. Blundon

14. BIRTHPLACE (city or town) (State or country) Burgess Store Virginia

MOTHER

15. MAIDEN NAME Sally Ann Dunning

16. BIRTHPLACE (city or town) (State or country) Burgess Store Virginia

17. INFORMANT Miss Helen Blundon

(Address) Northway apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 3, 1942

19. UNDERTAKER John A. Pritchett & Son

(Address) 1700 Eutaw Place

20. FILED FEB 2 - 1942 19 Huntington Williams, M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1942

22. I HEREBY CERTIFY, That I attended deceased from July, 1941, to Feb 2, 1942

I last saw him alive on Feb. 2, 1942 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosis of Liver

Other contributory causes of importance:

Duodenal Ulcer

Date of onset (Month, day, year)

Was an operation performed? yes Date of Sept 18, 1941

For what disease or injury? Duodenal ulcer

Name of operation Part. gastrojejunostomy Date of Sept 18, 1941

What test confirmed diagnosis? Surgical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Gluck M. D.

(Address) 715 Park Ave

88727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P ✓ Registered No. E 88727

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1141 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Leary

3 (b) If veteran, name war: S

3 (c) Social Security Account No.: S

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lottie O. Leary

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan 11 1882

8. AGE: Years 69 | Months 0 | Days 20 21 | If less than one day: hr. min.

9. Birthplace: Austria (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Austria

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Austria

16 (a) Informant: Mrs Lottie O. Leary
(b) Address: 1141 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Frederick Ave.

18 (a) Funeral director: John J. Lenahan & Son
(b) Address: 901 Hollins St

19 FEB 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/1942 at 2:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 10 1941 to 1/31/1942 and that I last saw h[illegible] alive on 1/30 1942

Immediate cause of death: Chronic Endocarditis and Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: David Greenberg

Address 1144 Dell Date signed 2/1/42 (M. D.)

VS 3

F 88728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122 B

Registered No. F 88728

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Nelson Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Catonsville
(d) Street No. 5223 Old Frederick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Catherine R. Leidner

Birth F 38552

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1941

8. AGE: Years | Months: 2 | Days: 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Arthur Leidner
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Meyer
15. Birthplace Md.

16 (a) Informant Mrs Arthur H. Leidner
(b) Address 5223 Old Fred Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Rd 26 Inwood Sec L

18 (a) Funeral director John F. Cowan & Son
(b) Address 906 W. Lanvale Street

19 (a) FEB 2 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 19 42 at 445 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 19 42 to Feb. 2 19 42 and that I last saw her alive on Feb. 2 19 42

Immediate cause of death Intestinal Obstruction — Duration

Due to Fecal abdominal adhesions

Due to

Other Conditions Dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Numerous intra abdominal adhesions causing total obstruction.

Date of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Mace M. D.
Address St. Agnes Hosp. Date signed 2/3/42

VS 2

F 88729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86-a

F 88729

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St Josephs Hospital

(c) Hospital or institution: Baltimore Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1701 N. Fulton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Dr. WM. J. SULLIVAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1870

8. AGE: Years	Months	Days	If less than one day
71	7	13	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Doctor M.D.

11. Industry or business

FATHER 12. Name John Sullivan

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Devine

15. Birthplace Ireland

16 (a) Informant Mrs. Nellie Sullivan

(b) Address 1701 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Martin Bakey & Sons

(b) Address 1827 W. North Ave.

19 (a) (Date received by registrar) FEB 2 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1942 at 3 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1942 to Jan 30 1942, and that I last saw deceased alive on Jan 30 1942.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Cardio-Vascular Disease.

Due to

Other Conditions Fractured NK 728 side Contributory.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 1/11/42 at M

(c) Where did injury occur? 1701 N. Fulton Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Means of injury Fell down steps

23. Signature William J Sullivan M. D.

Address St Josephs Hosp Date signed 1/31/42

F 88730 JM 65437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88730 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern, Ave.

(c) Hospital or Institution BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Jenkins Alley (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Barbee

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1872

8. AGE: Years	Months	Days	If less than one day
69	3 2	23 30	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business ?

FATHER

12. Name Albert Barbee

13. Birthplace Va.

MOTHER

14. Maiden Name Emma ?

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals nec

(b) Address 4940 Eastern, Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS FEB 2 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1941 to 1-24 1942 and that I last saw him alive on 1-24 1942

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Hypertensive C.V. disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard A. Rackham M. D.

Address Balto. City Hosp Date signed 1-26-42

F 88731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77-D

Registered No. F 88731

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00ff
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Stone alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCIS GRAY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day hr.	min.
45	5			

9. Birthplace Elkridge, Md. (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Gray
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Sally Thomas
15. Birthplace Frederick Md

16 (a) Informant Lillian G. McShane
(b) Address 2511 Madison Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month) (day) (year)
(c) Cemetery or crematory Elkridge
Location Maryland

18 (a) Funeral director Adolphus Halstead
(b) Address 2018 Druid Hill Ave.

19 (a) FEB 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1942 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Weatherwax M.D. Deputy Medical Examiner.
Date signed 1-27-42

VS 6

F 88732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-d

F 88732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 S. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 S. Montford Ave
(If rural give location)
(e) Citizen of foreign country? Was (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Mlodarek (Weber)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Walter —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poznan, Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Owczarzak
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name Tina Midgarek
15. Birthplace Poznan, Poland

16 (a) Informant Matilda Weber
(b) Address 845 S. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt Carmel Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave

19 FEB 2 - 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy I find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death — Duration
Cerebral Hemorrhage Spontaneous
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moskin M.D.
Medical Examiner.
Date signed 2-1-42

VS 6

F 38733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 88733 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 N. Linwood Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Linwood Ave, (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter S. Schultz,

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	705-10-9673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louisa. A
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan, 29, 1882

8. AGE: Years	Months	Days	If less than one day
60		2	hr. min.

9. Birthplace Baltimore, Md, (Town, county, and state)
10. Usual Occupation Railroad Engineer
11. Industry or business

FATHER
12. Name George A. Schultz
13. Birthplace Baltimore, Md,

MOTHER
14. Maiden Name Hannah Deems
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs. Louisa A. Schultz
(b) Address 11 N. Linwood Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Parkville,

18 (a) Funeral director John G. Broadway
(b) Address 3080 E. Baltimore, St,

19 (a) FEB 2 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan, 31, 1942, at 705 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1941, to Jan 31 1942, and that I last saw h alive on Jan 31 1942.

Immediate cause of death	Duration
Hypertension and/or Vascular Renal Disease	
Due to ?	
Due to ?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 5-8 29 Belair Rd Date signed 2/2/42

F 88734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 88734

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 E. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Cecelia Leonardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Samuel A. Leonardson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 1- 1853

8. AGE: Years 68 | Months 3 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name David Yeatis
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Kuss
15. Birthplace —

16 (a) Informant Nina May Leonardson
(b) Address 1134 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Pk
Location 3310 Taylor Ave.

18 (a) Funeral director Walter W. Conklin & Son
(b) Address 924 E. Lanvale St.

19 (Date received by registrar) FEB 2 1948 Huntington Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1942 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Feb 1 1942 and that I last saw h.... alive on Jan. 30 1942

Immediate cause of death

Due to Carcinoma of Bladder with

Due to Metastases

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy Feb. 18-1942

Duration
one
1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Brown M.D.
Address 160 W. North Ave. Date signed 2/1/42

F 88735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 88735

MARGIN RESERVED FOR BINDING

THIS MORGUE COPY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: J. H. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 861 A. Orleans St (If rural give location)
(e) Outside of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Bolzer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-1846

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine Bolzer
6 (c) If alive, give age 40 years.

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
About 43			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Lacy Foundry

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Josephine Bolzer
(b) Address 215 S. Chester St

17 (a) Burial Holy Cross (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A A Co. 4
Location

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (Date received by Registrar) FEB 3 1942 Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1-42 19 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Howard J. Walker M.D. Medical Examiner.
Date signed 2-1-42

VS 6

F 88736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

F 88736

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Tunbridge Rd St. G-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Catherine White

(a) Residence: No. 1026 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 20, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Piedmont, W. Va.

FATHER

13. NAME James L. White

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Elizabeth Rice

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Gertrude Brooke

(Address) 6420 Rosemont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Feb. 4 19 42

19. UNDERTAKER Martin W. E. Oppe & Son

(Address) 410 Belair Rd.

20. FILED FEB 2 - 1942 Huntington Mitchell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/28 1942 to 2/2 1942

I last saw h C alive on 2/2 1942 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia ?	

Other contributory causes of importance:

Cardio vascular Renal Disease
Fibroids of Uterus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank H. Kunstenburg M. D.

(Address) Medical Arts Bldg

F 88737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 88737

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 Bolton St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary M. Wrenn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife William A. Wrenn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1858

8. AGE: Years	Months	Days	If less than one day
83	9	20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Woodward
13. Birthplace Va.

MOTHER
14. Maiden Name Maria Harrell
15. Birthplace N. C.

16 (a) Informant Harold H. Wrenn
(b) Address 1530 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery Elmwood
Location Norfolk, Va.

18 (a) Funeral director John Ostrichell & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1942. at M

21. I certify that death occurred on the date above stated; that I attended deceased on Feb. 1, 1942. to 19. and that I last saw her alive on Feb. 1, 1942.

Immediate cause of death Cerebral Hemorrage due to arteriosclerosis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operations
of autopsy: None.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles F. Jackson M. D.
Address 1417 Eutaw Place Date signed 2/2/42.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 88738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. E 88738

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2328 Arunah Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2328 Arunah Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE JANE CLARK

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Benjamin J, Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 25, 1863

8. AGE: Years 78 | Months 11 | Days 16 6 | If less than one day: hr. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER

12. Name: William Biddle

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Unknown

15. Birthplace: Unknown

16 (a) Informant: Mr. C. P. Clark

(b) Address: 404 N. Loudon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner and Sons.

(b) Address: North and Pa. Aves.

19 (a) FEB 2 — 1942 (b) Registered [illegible] Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Jan 31 1942, and that I last saw alive on Jan 31 1942

Immediate cause of death: Cerebral thrombosis — Hemoplegia (left) — Duration: 30 days

Due to: Hypostatic pneumonia — Duration: 3 yrs

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 47 N. Fulton Date signed 2/3/42

88729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 88739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Canterbury Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Canterbury Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET M. O'BRIEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1852

8. AGE: Years	Months	Days	If less than one day
89	10	20	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Hawkins
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Burke
15. Birthplace Ireland

16 (a) Informant Mr. James P. O'Brien
(b) Address 3902 Canterbury Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Philadelphia, Pennsylvania

18 (a) Funeral director WM. J. TICKNER & SONS, INC.
(b) Address North & Pa. Avenues

19 FEB 2 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Feb. 1 1942, and that I last saw h[illegible] alive on 2-1 1942.

Immediate cause of death Pneumonia — Duration over

Due to Senility

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.
Address 3926 Greenmount Ave. Date signed 2-2-42

F 88740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 88740

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2126 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2126 Ashland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret B. League

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Joseph S. League
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1882

8. AGE: Years 59 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Michael Lang
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto Md.

16 (a) Informant Joseph S. League
(b) Address 2126 Ashland ave

17 (a) Burial (b) Date thereof 2/3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (Filed) FEB 2 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to Jan 31 1942 and that I last saw him alive Jan 31 1942

Immediate cause of death: Coronary Thrombosis — Duration: 17 min

Due to: Hypertension — 6 mo

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation Aug 13 40

Major findings of operation: Coronary Thrombosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. S. Gray
Address 6??? N. Howard Date signed 2/3/42

E 88741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 88741

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mc Cormick.

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Mc Cormick
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Ireland

16 (a) Informant Mary R. Manning
(b) Address Winona Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed [illegible] 1942 (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1941 to Feb 1 1942 and that I last saw him alive on Feb 1 1942.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arterio-Sclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Pollock M. D.
Address Date signed 2/3/42

E 88742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

Registered No. E 88742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ Mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 448 S. Bentalou St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary D'Arxe

3 (b) If veteran, name war —— 0 | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6th 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	4	25		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name George W. Haupt
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna Clark
15. Birthplace Balto Md.

16 (a) Informant Charles L. Haupt
(b) Address Carbondale Pa.

17 (a) Removal (~~Burial, cremation~~ removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Wilmington Del

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 FEB 2 – 1942 (~~Registered~~ by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1942, at 7.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1941, to Feb 1 1942, and that I last saw h~~e~~r alive on Jan 31 1942.

Immediate cause of death: Cardio-Vascular Renal Disease
Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Patterman
Address 2324 Reisterstown Rd Date signed 2/2/42

VS 3

88743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. E 88743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Light St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Joseph H. Cropper

3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Margaret Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1866

8. AGE: Years	Months	Days	If less than one day
75	3	17	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Warfield
(b) Address 908 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month), (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director J. J. McCabe
(b) Address 130 E. Pratt St. Huntington Williams, M.D.

19 FEB 2 1942 (b) Registrar
Date filed by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/42 19 , at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1940, to 1/31/42 19 , and that I last saw him alive on 1/31/42.

Immediate cause of death Cerb. T.B.
Due to
Due to
Other Conditions asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Bolgano Ave. Date signed

88744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Anne Arundel Co. Severna Park P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: EDWARD J. CARROLL

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Phelps Carroll

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Dec. 28, 1890

8. AGE: Years 51 | Months 1 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Blacksmith

11. Industry or business:

FATHER
12. Name: Patrick Carroll
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Jennie Kennedy
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 4 42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Road

18 (a) Funeral director: Walter May
(b) Address: 69 N. Bouldin St.

19 (a) Date received by local registrar: FEB 2 1942 (b) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 2, 1942, at 5:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1942 to Feb. 2, 1942, and that I last saw him alive on Feb. 2, 1942

Immediate cause of death: Pulmonary tuberculosis with cavitation — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: NONE

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. B. N. Anderson

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 2/2/42 M D

F 88745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88745

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Pylesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Kenneth Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1940

8. AGE: Years	Months	Days	If less than one day
1	6	20	hr. min.

9. Birthplace Pylesville, Md. Harford Co
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Everett Moore
13. Birthplace West Va

MOTHER 14. Maiden Name Cora Brown
15. Birthplace North Carolina

16 (a) Informant Everett Moore
(b) Address Pylesville, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 2 1942 (month) (day) (year)
(c) Cemetery or crematory Centenary Hill
Location Balto. Co. Md.

18 (a) Funeral director H. S. Bailey
(b) Address Darlington Md.

FEB 3 — 1942 (Date rec'd by Registrar) Huntington Mills (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942, at 2.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 2 1942 and that I last saw him alive on Feb 2 1942.

	Duration
Immediate cause of death Circulatory collapse	
Due to Bronchopneumonia	2 days
Due to	
Other Conditions Severe malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Bronchopneumonia & Atelectasis Marasmus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayback M. D.
Address Union Memorial Hosp. Date signed 2-2-42

VS 3

Hans Korneliusen

F 88746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 88746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Chicago
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N. California Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HANS KORNELIUSEN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) May 24, 1880

8. AGE: Years 61 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Norway
(Town, county, and state)

10. Usual Occupation Pumpman-SS SANDCRAFT

11. Industry or business Seafaring

FATHER
12. Name Karl Nels Korneliusen
13. Birthplace Norway

MOTHER
14. Maiden Name Mary
15. Birthplace Norway

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director A Ruben Slade
(b) Address 4907 York Road.

19 (Date received by registrar) FEB 3 - 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1942, at 6:20p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1942, to Jan. 30, 1942, and that I last saw him alive on Jan. 30, 1942.

Immediate cause of death	Duration
Edema of lungs	2 days
Due to Diffuse metastases to lungs	1 mo.
Due to Carcinoma of stomach	4 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address US Marine Hospital, Baltimore, Maryland. Date signed 1/31/42 M.D.

F 88747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

F 88747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 goodwood Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 goodwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2816

3 (a) FULL NAME Sarah A Foreman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank H Foreman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1859

8. AGE: Years 82 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Balto md (Town or county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Michael Wallace

13. Birthplace Ireland

MOTHER 14. Maiden Name Anna Dougherty

15. Birthplace Ireland

16 (a) Informant Mrs Bessie Edgar

(b) Address 2816 goodwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location

18 (a) Funeral director Leonard Rust

(b) Address 3011 Hanford Rd

19 (a) FEB 3 – 1942 (Date rec'd by registrar) Williams for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1942 at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 18 1942 to Jany 30 1942 and that I last saw her alive on Jany 29 1942

Immediate cause of death

Cardiac decompensation

Due to

Due to

Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1942
Jany 18
a number
7 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B Green M.D.

Address 3009 Evergreen Ave Date signed 2/1/42
Baltimore Md

VS 3

F 88748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88748

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Edwin Scott

3 (b) If veteran, name war 1st World War

3 (c) Social Security Account No. 218-01-1203

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theresa R. Scott

6 (c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): May 8, 1895

8. AGE: Years: 46 Months: 8 Days: 23 If less than one day: hr. min.

9. Birthplace: Alabama (Town, county, and state)

10. Usual Occupation: House Painter

11. Industry or business

FATHER
12. Name: David E. Scott,
13. Birthplace: Alabama

MOTHER
14. Maiden Name: Edna Bony.
15. Birthplace: Alabama

16 (a) Informant: Mrs Theresa R. Scott,
(b) Address: 3018 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3. 1942 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A.A.Co.Md.

18 (a) Funeral director: George W. Little,
(b) Address: 2700 Edmondson Ave.

19 (a) FEB 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31- 1942, at 7.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Auto accident, Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldron M.D. Medical Examiner.
Date signed 2-1-42

F 88749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 88749 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Brooks Lane Esplanade Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 94 Esplanade Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JENNIE ROSENBERG

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (d) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Abraham Rosenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th. 1871

8. AGE: Years 70 | Months 8 | Days 28 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Wilfson.
13. Birthplace Germany.

MOTHER
14. Maiden Name Esther Berney.
15. Birthplace Germany.

16 (a) Informant Mr. Henry Rosenberg.
(b) Address Eccleston, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Weinberg Sonneborn & Son
(b) Address 1902 Eutaw Place

19 (a) Received (b) FEB 3 1942 Huntington Wilkins, M.D.
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2nd. 1942 at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1914 to Feby 2 1942. and that I last saw h.. alive on Jany 28 1942.

Immediate cause of death	Duration
Coronary thrombosis (Myocardial infarct) sudden death	1 day.
Due to Coronary artery sclerosis, Generalized arteriosclerosis	
Due to Hypertension	
Other Conditions Acute pulmonary Edema	April 1938

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis P. Hamburger M. D.
Address 1207 Eutaw Place Date signed

F 88750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-C

F 88750 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Barclay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Zemm Birth - F 42559

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1942

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morton Zemm
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Loretta Reams
15. Birthplace Penn.

16 (a) Informant Mother
(b) Address 2420 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-4-42 (month) (day) (year)
(c) Cemetery or crematory Spring Grove
Location Spring Grove Baltimore

18 (a) Funeral director Calvert N. Berger
(b) Address 4 W. North Ave

19 (a) FEB 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Feb 2 1942 and that I last saw h[illegible] alive on Feb 2 1941.

Immediate cause of death	Duration
Peritonitis	2 days
Due to Enteric colic fistula	Life
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Jan 31, 1942

Major findings of operation: Enteric colic fistula

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Spencer M. D.
Address Mercy Hospital Date signed 2-2-42

VS 3

F 88751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F 88751

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Carlton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert D. Langley Birth F-34465

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1941

8. AGE: Years	Months	Days	If less than one day
	5	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alton Washington Langley
13. Birthplace Logansville Ga.

MOTHER
14. Maiden Name Minnie Sally Lakeman
15. Birthplace Baltimore, Md.

16 (a) Informant South Baltimore General Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Chas B. Kamphaus
(b) Address 657 West Pleasant

19 (a) Filed (Date received by registrar) (b) FEB 3 1942 Hearing for Williamson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1942, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 2 1942 to Febr. 2 1942 and that I last saw him alive on Febr. 2 1942

Immediate cause of death: Meningococcic meningitis

Due to: MENINGOCOCCUS MENINGITIS

Due to:

Other Conditions: bronchopneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2-3 days

PHYSICIAN
Underline the cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Gee M. D.
Address 20 Balto. St. Date signed

F 88752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88752

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N Broadway

(c) Hospital or institution: Church Home & Infirmary.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 87 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3905 Canterbury Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME William DALLAM Morgan

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Irma Morgan

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1855

8. AGE: Years	Months	Days	If less than one day
87	1	0	____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Retired Minister

11. Industry or business Episcopalian Church

FATHER

12. Name Tillotan Morgan

13. Birthplace Maryland.

MOTHER

14. Maiden Name France Adelaem

15. Birthplace Maryland.

16 (a) Informant Mrs. Irma Morgan

(b) Address 3905 Canterbury Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director STEWART & HOWER COMPANY

(b) Address (W. F. HOOPER SUC.) 103 W. NORTH AVENUE

19 (a) FEB 3 1942 (b) Huntington Williams M.D.

Address M.B. Church Home & Inf. Date signed 2/1/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1942 at 3 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1941 to Feb. 1 1942 and that I last saw him alive on Jan 31, 1942.

Immediate cause of death	Duration
Bronchopneumonia	7
Due to	
Due to	
Other Conditions Senility Arteriosclerosis, General	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Williams, M.D. M.D.

VS 8

F 88753

F 88753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2623 Sloatfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Sloatfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES H. CONWAY.

3 (b) If veteran, name war None.

3 (c) Social Security Account No. 216-14-4905.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Catherine Conway.

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1884.

8. AGE: Years 57 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore - Md.
(Town, county and state)

10. Usual Occupation Meat Packer.

11. Industry or business Meat Packing Plant.

FATHER
12. Name Wm. Conway.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Mrs. Catherine Conway.
(b) Address 2623 Sloatfield Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 4-1942. (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) FEB 3 1942 (Date received by local registrar) Huntington Mills, Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st. 1942. at 2:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941. to Feb 1- 1942
and that I last saw him alive on Jan 31 1942

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis Hypertension
Due to Injury to Spine

Due to

Other Conditions Salivary Calculi

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Kilgus, M. D.
Address 2157 Wellworth Date signed 2/3/42

F 88754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88754 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD FERDINAND GREMPLER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-03-2464

4. Sex: M | **5. Color or race:** W | **6 (a) Single, married, widowed, or divorced:** Married

6 (b) Name of husband or wife: Helen S. Grempler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 11, 1906

8. AGE: Years 35 | Months 8 | Days 21 | If less than one day: hr. min. 20

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Ship yard employe

11. Industry or business: Bethlehem Fairfield

FATHER
12. Name: Dr. August E. F. Grempler
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Grace Carlton Deems
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Helen S. Grempler
(b) Address: 1930 N. Washington Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/4/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) FEB 3 1942 (Date rec'd by registrar) Registrar

Interring for Milwaukee, Mkt

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942 at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration —

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.

Date signed 2-2-42

VS 6

F 88755

F 88755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSETTA WHITLEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Walter H. Whitley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1869

8. AGE: Years 72 | Months 9 | Days 29 | If less than one day: hr. min.

9. Birthplace Webster, New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lucius Stone
13. Birthplace Rochester, New York

MOTHER
14. Maiden Name Mary Ann Kellkenny
15. Birthplace At Sea

16 (a) Informant Mr. Walter H. Whitley
(b) Address 2305 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) FEB 3 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1942 at 9:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1940 to 2/1 1942 and that I last saw h[illegible] alive on 1/30 1942

Immediate cause of death (a) Myocardial insufficiency — Duration 2 mo.
Due to Hypertension — ?
Due to Arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Reiter M. D.
Address 3408 Windsor Ave Date signed 2/2/42

VS 2

F 88756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 88756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Holbrook Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Holbrook Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ANN DAY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Sidney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 10, 1875

8. AGE: Years: 66 | Months: 2 | Days: 21 | If less than one day: hr. min.

9. Birthplace: London England
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Joseph Wheeler
13. Birthplace: England

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Adelaide Harrison
(b) Address: 1624 Holbrook Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) FEB 3 – 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 19 42 at 8:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 19 42 to Feb 1 19 42, and that I last saw her alive on Feb. 1 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Week
Due to: Arteriosclerosis
Due to:
Other Conditions: Hypertension Cardio-Vascular Renal disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 126 E Preston St Date signed 2/3/42

F 88757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88757 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 E. 29th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 E. 29th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rudolph Elmer Reynolds

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Camille Algie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1896

8. AGE: Years 45 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Asst. Civil Engineer
11. Industry or business: City of Baltimore

FATHER
12. Name: George A. Reynolds
13. Birthplace: Tyrone, Pennsylvania

MOTHER
14. Maiden Name: Carrie Elmer
15. Birthplace: Missouri

16 (a) Informant: Mrs. Camille A. Reynolds
(b) Address: 1917 E. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/3/42 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Pk.
Location

18 (a) Funeral director: John D. Tickner & Sons
(b) Address: 4411 Harford Ave.

19 (a) FEB 3 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942 at 4:16 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 1/31/42

VS 6

F 88758

JM 71467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 88758

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern, Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 425 North Calhoun, St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard McCoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ada

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871 ? ?

8. AGE: Years	Months	Days	If less than one day
71	?	?	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name John McCoy

13. Birthplace N.C.

MOTHER

14. Maiden Name Lucy ?

15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Rec.

(b) Address 4940 eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle St.

19 (a) FEB 3 1942 Huntington, W. Va. (Registrar's signature) (b) Address Balto City, Md. Date signed 2-2-42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1 1942 at 1100 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1942 to 2-1 1942 and that I last saw h[illegible] alive on 2-1 1942

Immediate cause of death	Duration
Uremia	4 da
Due to Urinary Extravasation	1 wk
Due to Urethral Strictures Probably Ca	?
Other Conditions Zonic Hypostasis	1 wk

(Include pregnancy within 3 months of death)

Date of operation 1-28-42

Major findings of operation: Urinary Extravasation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald Boteler

Address Balto City, Md. Date signed 2-2-42

F 88759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171-42 Registered No. F 88759

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE C. BRIGERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7850

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Sadie Brigerman
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1880

8. AGE: Years	Months	Days	If less than one day
62	-	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Tally Teller
11. Industry or business Steamship Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Myrtle Brenner
(b) Address 2822 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5th 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Co.
Location A. G. Co. Md

18 (a) Funeral director Charles H. Dill
(b) Address 150 N. Fort Ave

19 (a) FEB 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1942, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/16
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-1-42 at 8:27 M
(c) Where did injury occur? York Rd and Belvedere Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wollenmaier M.D. Asst Medical Examiner.
Date signed 2-2-42

VS 6

38760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38760

CERTIFICATE OF DEATH

47-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Mount St., 9 Ward

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

Registered No. ___

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Social Security # 215-05-8760

2. FULL NAME John J Hohman

If U. S. Veteran specify WAR ___

(a) Residence: No. 128 S. Mount St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary T. Hohman

6. DATE OF BIRTH (month, day, year) June 12 1885

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
56	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto-Enamel Novelty Co

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto MD

FATHER

13. NAME Joseph Hohman

14. BIRTHPLACE (city or town) (State or country) Balto MD

MOTHER

15. MAIDEN NAME Julia Effing

16. BIRTHPLACE (city or town) (State or country) Balto MD

17. INFORMANT Mrs Mary T. Hohman.

(Address) 128 S Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross AA Co. Date 2-5-42

19. UNDERTAKER Bernard E. Horle

(Address) 121 E West St

20. FILED FEB 3 - 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 2nd 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1941 to Feb 2, 1942

I last saw him alive on Feb 2, 1942 Death is said to have occurred on the date stated above, at 1105 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Lung.	
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov. 18 '41

For what disease or injury? Carcinoma of Rt Lung

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Albert Seagnetta M. D.

(Address) 1729 W. Lombard St

F 88761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-N

F 88761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1377 Woodyear Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Ireland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Patti Ireland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 1878

8. AGE: Years	Months	Days	If less than one day
63 54	10	29	hr. min.

9. Birthplace West River Md (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Nelson Ireland
13. Birthplace West River, Md

MOTHER
14. Maiden Name Matilda Timms
15. Birthplace West River Md

16 (a) Informant Williams Ireland
(b) Address 1619 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 - 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Port

18 (a) Funeral director E. A. Brooks
(b) Address 1463 N. Carey St.

19 (a) FEB 3 - 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1942, at 6 59 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1942 to Jan. 31 1942 and that I last saw [illegible] alive on Jan 31 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Malignant Hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackley, M.D.
Address Provident Hosp. Date signed 1/31/42

VS 1

F 88762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3-2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mabel Estelle Neblitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Fem.	White	Married

6 (b) Name of husband or wife Geo Neblitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1884

8. AGE: Years	Months	Days	If less than one day
57	11	11	hr. min.

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Home Wife.
11. Industry or business

FATHER
12. Name John Irvin
13. Birthplace Penn.

MOTHER
14. Maiden Name Sarah Harris
15. Birthplace Penn.

16 (a) Informant Mrs Elliott
(b) Address 1526 N. Broadway
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Frederick Road
18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway
19 (Date received by registrar) FEB 3 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1942 at 9-05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1942 to 2-1 1942
and that I last saw her alive on 2-1 1942

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Hypertensive Cardio vascular disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Coffman M. D.
Address Md General Hosp Date signed 2/1/42

VS 3

F 88763 ✓ F 88763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Stricker St. 19-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Abb Satterfield

(a) Residence: No. 522 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances Satterfield

6. DATE OF BIRTH (month, day, year) Dec 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Person Co. N.C.

FATHER

13. NAME Isaac Satterfield

14. BIRTHPLACE (city or town) (State or country) Roxboro N.C.

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Roxboro N.C.

17. INFORMANT Edgar Satterfield
(Address) 622 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Roxboro, N.C. Date Jan 4, 1942

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED FEB 3 - 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1942 to Jan 31, 1942

That I last saw him alive on Jan 31, 1942 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. D. Lee Jr. M. D.

(Address) 1522 Harlem Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 88764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

Registered No. F 88764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 944 N. Saratoga Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 944 N. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lola Carroll Upshur

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1897

8. AGE: Years	Months	Days	If less than one day
44 48	4 3	30	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Isaac Mason
FATHER 13. Birthplace Annes Anne, Md

MOTHER 14. Maiden Name Ella
MOTHER 15. Birthplace Annes Anne, Md

16 (a) Informant Frances Carroll
(b) Address 1009 W Ifferry Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) FEB 3 - 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 31 - 1942 at 2.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy - Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Thrombosis
Due to with Metastases
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Thelen M.D. Medical Examiner.
Date signed 2-1-42

F 88765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-8

F 88765

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milleen & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 E. Fillmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Dougherty (DOHERTY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Michael Doherty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/31/1879

8. AGE: Years 62 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name Thomas Kenny
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Kenny
15. Birthplace Ireland

16 (a) Informant Mr. W Doherty
(b) Address 405 E Fillmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Location A.A. County Md.

18 (a) Funeral director John J. Daley & Son
(b) Address 1420 Hupp St

19 (a) FEB 3 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 2, 1942 at 3.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1942 to Feb. 2 1942. and that I last saw her alive on Feb. 2, 1941.

Immediate cause of death Cardiac vascular insufficiency — Duration

Due to Generalized carcinomatosis

Due to

Other Conditions Hypertensive C-V-D. Grade II-B

(Include pregnancy within 3 months of death)

Date of operation Jan. 31 1942

Major findings of operation: Generalized Carcinomatosis

of autopsy: " (probably primary in gall bladder)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosskam, M.D.
Address St. Agnes Hosp. Date signed 2/2/42

VS 8

F 88766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-F

F 88766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2152 Mt. Royal Ter
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2152 Mt Royal Ter (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Julius Dornblatt

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-05-2224

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa Dornblatt (Maiden name: Marie I)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1905

8. AGE: Years	Months	Days	If less than one day
36	1	20	hr. min.

9. Birthplace Rome Ga (Town, county, and state)

10. Usual Occupation Metallurgist

11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Julius Dornblatt
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Boley
15. Birthplace Germany

16 (a) Informant Mrs R. T. Bloom
(b) Address New York City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Bott
(b) Address 1217 E. Read St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1942, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to 2-2 1942 and that I last saw h[illegible] alive on 2-2 1942

Immediate cause of death: Metastasis Lymphosarcoma — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 17 1941

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlboro Date signed 2-2-42

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUTHER D. HURLEY

3 (b) If veteran, name war WWI

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband/wife Mary Josephine Hurley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1880

8. AGE: Years	Months	Days	If less than one day
61	4	0	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business W.P.A.

FATHER
12. Name J. Hurley
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Virginia Purdy
15. Birthplace Balto Md.

16 (a) Informant Loretta Markard
(b) Address 1813 Edmondson Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery Veterans
Location Balto Md

18 (a) Funeral director McKeown Cook
(b) Address 125 E. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2, 1942; at 2 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Subdural hematoma — Duration:
Due to: Fracture, skull
Due to:
Other Conditions: Acute alcoholism (Chronic)
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 1st, 1942 at 8 P. M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury fell down stone steps

23. Signature H. J. Walkenshaw M.D.
Coroner Medical Examiner.
Date signed 2-3-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 F 88768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Remington Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Remington Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA WILLIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife James E
(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Tony Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Marie Violetty
(b) Address 3535 Hartlow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director Hallinan & Cooke
(b) Address 1217 Dolphin St.

19 (a) [illegible] (Date rec'd by registrar) 2-3-1942
Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1941, to 2/1 1942, and that I last saw her alive on 2/1 1942.

Immediate cause of death	Duration
Heart disease - hypertension	15 yrs
Due to	
Due to	
Other Conditions Broncho-Pneumonia	4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Solomon Greenhouse M. D.
Address 1304 Chase Date signed 2/4/42

VS 8

GRINSFELDER

88769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 88769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave Madison St
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Pauline V. Grinsfelder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Albert L. Grinsfelder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 875

8. AGE: Years 66 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Employment Agency

11. Industry or business Staff

FATHER
12. Name Henry E. Barton
13. Birthplace Md

MOTHER
14. Maiden Name Jennie McWilliams
15. Birthplace Md

16 (a) Informant Mrs. Elsie P. Lambert
(b) Address 4933 Belmont Ave

17 (a) Disposal (Burial, cremation, or removal) (b) Date thereof 2-5-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Jesse C. Staley
(b) Address Fulton & Laurel Sts Baltimore, Md

19 (a) FEB 3 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-42 19 to 2-2-42 19.
And that I last saw h[illegible] alive on 2-2-42 19

Immediate cause of death: Bronchopneumonia — Duration 4 Days
Due to
Due to
Other Conditions Diabetes Mellitus — 15 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Estelle Hall M. D.
Address 711 Stony Run Baltimore Md Date signed 2-3-42

VS 3

F 88770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 88770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 W. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Montgomery

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Alice Montgomery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 68 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter (Enamel)

11. Industry or business

FATHER 12. Name Edward Montgomery

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Amelia Cooper - Sister-in-Law

(b) Address 184 Bainbridge St - Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Caroline St

19 (a) FEB 3 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1942 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Jan 31 1942 and that I last saw h[illegible] alive on Jan 30 1942.

Immediate cause of death Malignancy Larynx — Duration 1 Yr.

Due to

Due to

Other Conditions Myocarditis Chronic, Nephritis Organized — 1 Yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Young

Address 1429 E. Monument St Date signed 2/3/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 8771 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 D

Registered No. E 8771

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Sherwood Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Philips

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day
17			hr. min.

9. Birthplace Sherwood Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Samuel Philips
13. Birthplace Talbot Md

MOTHER
14. Maiden Name Virginia
15. Birthplace Worcester

16 (a) Informant L. G. Harrison
(b) Address St. Joseph's Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Sherwood Baptist

18 (a) Funeral director John W. Mitchell
(b) Address Mitchell Place

19 (a) FEB 3 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1942, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1- 1942 to 2-3 1942 and that I last saw him alive on 2-3 1942.

Immediate cause of death
Uremia — Duration 8 days

Due to Bilateral Hydronephrosis
1 Hydroureter

Due to Ureteral implantation — Duration Hrs
into sigmoid

Other Conditions
Congenital Ectopic by Bladder
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Bilat Hydronephrosis 1 ureter

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury

23. Signature Herbert D Pappleman, M.D.
Address 600 N Carrollton Ave Date signed 2-5-42

VS 3

F 88772 ✓ F 88772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-D

Registered No. .....

HC(70736)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town 304 S. Stricker Street (If outside city or town limits, write RURAL and give town)
(d) 1943 Baltimore, Maryland (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Cleveland Reed

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Freddy
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? ? 1871 ?

8. AGE: Years	Months	Days	If less than one day
71 60 ?			..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Harry Reed
13. Birthplace Virginia

MOTHER
14. Maiden Name Mollie ?
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location .....

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 FEB 3 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1942 at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1941 to 1-30 1942 and that I last saw h[illegible] alive on 1-30 1942.

Immediate cause of death	Duration
Hypostatic	1 week
Pharyngitis	1 week
Due to Cause unknown	?
Due to	.....
Other Conditions Rheumatic heart disease	?

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
Means of injury .....

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp Date signed 2-11-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88773

F 88773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 416 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Gilliam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Goldie Gilliam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5-1904

8. AGE: Years 37 | Months 9 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Gilliam
13. Birthplace Westmoreland Co.-Va

MOTHER
14. Maiden Name Virginia Brooks
15. Birthplace Virginia

16 (a) Informant Martha Cole
(b) Address 416 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) Filed 1942 Huntington Wilkerson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/42 19 at 6 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/2/42 to 19 , and that I last saw him alive on 2/2/42.

Immediate cause of death

Duration

Due to Pulmonary Tuberculosis

Due to Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Bankhead M. D.
Address 416 N. Carey St (Date signed) 2/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CF 8 3
VS 8

F 88774 ✓ × F 88774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 E. Lombard Street
(c) Hospital or institution: South Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) ~~City or town~~ Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 Colgate Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bertha Angelia Pappas

3 (b) If veteran, name war No
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Sam Pappas
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 21st 1899

8. AGE: Years	Months	Days	If less than one day
42	7	11	..... hr. ..... min.

9. Birthplace Girta W. Va. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business

FATHER
12. Name Andrew Shepard
13. Birthplace W. Va.

MOTHER
14. Maiden Name Ella Fairbanks
15. Birthplace W. Va.

16 (a) Informant Gus Powell
(b) Address 234 Colgate Ave - Dundalk Md.

17 (a) Removal (~~Burial, cremation, or~~ removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Lisbon
Location Lisbon Ohio

18 (a) Funeral director Wallgren Co
(b) Address 129 E Pont St

19 FEB 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1942, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1941 to 2/12 1942, and that I last saw h[illegible] alive on 2/12 1942.

Immediate cause of death Severe Anemia — Duration .....

Due to Hemorrhage from gastric ulcer — Duration 1 mo

Due to ..... — Duration .....

Other Conditions Cholelithiasis — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy as stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Herbert W. Stein M. D.
Address So. Balto. Gen. Hosp. Date signed 2/13/42

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

F 88775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 88775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town City of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Berkshire Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY SNOKE SHAEFFER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Anna E. Shaeffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 7, 1876

8. AGE: Years	Months	Days	If less than one day
65	2	26	hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Penna. R. R.

FATHER
12. Name Joshua Shaeffer
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Victoria Grogg
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. Harry S. Shaeffer
(b) Address 3113 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Carroll County, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) FEB 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3/42 19 , at 12 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1942 to Feb 3 1942 and that I last saw h[illegible] alive on 2/3/42 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive C V Disease — Chronic Nephritis

Due to Generalized Arterio Sclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C E Stansbury Jr
Address Franklin Sq Hosp Date signed 2/3/42 M. D.

F 88776

TAMBELLINE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Fairway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Tambellini

3 (b) If veteran, name war

3 (c) Social Security Account No. 171-18-4626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1903

8. AGE: Years	Months	Days	If less than one day
38	10	11	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business

FATHER
12. Name Peter Tambellini
13. Birthplace Italy

MOTHER
14. Maiden Name Grazia Salemi
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 3 42 (month) (day) (year)
(c) Cemetery or crematory Location Pittsburgh-Pa

18 (a) Funeral director Lom McQuerstons
(b) Address 194[illegible] Huntington Indiana, Ind.

19 (a) [illegible] (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/ 1942 at 2:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1942 to 2/2 1942 and that I last saw him alive on 2/1 1942

Immediate cause of death Uremia — Duration

Due to

Due to

Other Conditions Pneumonia — over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation none
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Barnard M. D.
Address Mercy Hosp. Date signed 2/4/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

88777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 ✓ F 88777 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Baxter Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	Engaged

6 (b) Name of husband or wife Wilson Whittington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1908

8. AGE: Years	Months	Days	If less than one day
34	0	2	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Charles Cloud

13. Birthplace Virginia

MOTHER 14. Maiden Name Martha Shirley

15. Birthplace Virginia

16 (a) Informant Mrs Lula F. Cloud

(b) Address Martinsburg W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 42 (Month) (day) (year)

(c) Cemetery or crematory Mt Hebron

Location Winchester Va

18 (a) Funeral director H C Eichenlaub and

(b) Address 1 E Saratoga St City

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1942 at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Burns

Antemortem

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/3/42 8a M
(c) Where did injury occur? 1522 Madeira St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Mattress on fire Home Burns

23. Signature Huntington Williams M.D. Medical Examiner.

Date signed 2/3/42

VS 6

F 88778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-7

F 88778 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use typewriter or black ink. Do not abbreviate. Items must be answered or line ruled through. If unknown or not applicable, write none.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5010 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Fait Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Caroline Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1858

8. AGE: Years	Months	Days	If less than one day
84	8	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Marine Engineer

FATHER
12. Name — — Ross
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary — —
15. Birthplace Unknown

16 (a) Informant Caroline Ross
(b) Address 5010 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4/42 (month) (day) (year)
(c) Cemetery or crematory Bolt
Location Baltimore

18 (a) Funeral director Philip Henry Thomas
(b) Address 2024 Orleans St

19 (a) Date received Feb 4 1942 (b) Registrar for Williams, M.D.
Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to Jan 31 1942 and that I last saw h[illegible] alive on Jan 31 1942.

Immediate cause of death Cerebral Hemorrhage
Chronic Myocarditis

Due to Congestive Failure

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:

of autopsy: None

Duration
June 1939
Dec 1, 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 842 S. Fort Ave. Date signed 2-2-42

F 88773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 of F 88773 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Eutaw land ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1706 Eutaw land ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Leach

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓ None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace New York (town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace New York

MOTHER
14. Maiden Name Unknown
15. Birthplace New York.

16 (a) Informant Mrs H Gleason
(b) Address 1706 Eutaw land ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick ave

18 (a) Funeral director Joseph Kaczynska Inc
(b) Address 607 Washington Blvd

19 (d) FEB 4 — 1942 (Date of this registration) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 2 1942, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1942 to FEB 2 1942 and that I last saw h alive on FEB 2 1942

Immediate cause of death Cardio Vascular Disease — Duration ?

Due to Arteriosclerosis — ?
Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward T. Miller M. D.
Address 6 Washington Blvd Date signed 2-3-42

F 88780

F 88780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 648 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Travers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Alfred M. Travers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23rd 1870

8. AGE: Years	Months	Days	If less than one day
71	3	9	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Va

16 (a) Informant Otis M. Travers
(b) Address 2020 N. Wayne St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 627 St. Paul St

19 (a) FERA — 10A(b) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942, to Feb 3 1942; and that I last saw h[illegible] alive on Feb 3 1942.

Immediate cause of death Bronchopneumonia — Duration 3 da.
Due to
Due to Chronic Nephritis ? Uremia — ? ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L E Boudeman Jr M. D.
Address Franklin Sq. Hospital Date signed 2/3/41

VS 3

F 88781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-A

F 88781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5103 Anthony Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Seifert

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-03-3307

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma L. Seifert
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 19, 1874

8. AGE: Years: 67 | Months: 10 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Supt. Warehouse
11. Industry or business: Drugs - Chemicals

FATHER
12. Name: August Seifert
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Rice
15. Birthplace: Germany

16 (a) Informant: Emma L. Seifert
(b) Address: 5103 Anthony Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md.

18 (a) Funeral director: Mon Cook
(b) Address: 1242 St. Paul St.

19 (a) FEB 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942 8 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm J. Arnold Supt M.D. (Medical Examiner)
Date signed 2/3/42

VS 6

Coroner is especially important. Physicians: please write the causes of death clearly and legibly. The

F 88782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gwynnsprung - Belvedere
(c) Hospital or institution:
Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos.~~ ~~days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Samuel Spector

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Bessie Spector
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1877
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retail Salesman
11. Industry or business

FATHER
12. Name William Spector
13. Birthplace Russia

MOTHER
14. Maiden Name Rosie Spector
15. Birthplace Russia

16 (a) Informant Benj Fundell
(b) Address Gwynnsprung - Belvedere
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Laborite Camp
Location Rogedale
18 (a) Funeral director Jack Louis Lee
(b) Address 1639 E. Monument St.
19 (a) FEB 4 1942 (b) Huntington for Mortuaries, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-42 19 , at 3 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-40 19 40, to 2-3 19 42, and that I last saw him alive on 2-3 19 42.

Immediate cause of death
Bronchopneumonia
Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 1-27-42

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Edmund Rhein MD
Address Lewindale Date signed 2/4/42 (M. D.)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 88783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1147-B

F 88783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eut Monument St
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Monteford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Schwartz F40738

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Isadore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Rubin
13. Birthplace Russia

MOTHER 14. Maiden Name Annie
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Mt Carmel - O'Donnell St

18 (a) Funeral director Jos Levin Inc
(b) Address 1439 E. Balto St.

19 (a) FEB 4 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1942 at 7.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1941 to Feb. 3, 1942. and that I last saw h alive on Feb 3, 1942.

Immediate cause of death Septicaemia (Duration) days
Due to Thrombo phlebitis R.G femoral & iliac veins (bilateral) & Embolism
Due to inferior Vena Cava Right Upper Lobe
Other Conditions Lung abscess R.U.Lb. bronchiectasis, tuberculosis Puerperal (Include pregnancy within 3 months of death)

Major findings:
Of operations Hemorrhage about right kidney
Of autopsy Same as above

over

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tobias Colen
Address Sinai Hospital Date signed 2/5/42

VS 8

F 88784 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61

F 88784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Lanvment & X
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Whitelock Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Lena Orenoff.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nathan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Baltimore Md
18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St.
19 (a) FEB 4 1942 (b) Huntington West Virginia
(Local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-42 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1942 to 19 , and that I last saw her alive on 2-3 1943.

Immediate cause of death Cardio-Respiratory Failure — Duration
Due to Coronary Thrombosis
Due to Gen. Arteriosclerosis
Other Conditions Diabetes Mell. uncontrolled
Cystitis & pos. upper urinary tr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward Cohen
Address Sinai Hospital Date signed 2/3/41

88785 Dr. Lyopay - Patterson Park Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

Registered No. E 88785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margarita A. Coronios ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6. (b) Name of husband or Anastasios Coronios
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15, 1861

8. AGE: Years	Months	Days	If less than one day
80	7	17	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Anastasios Megalocomimos
13. Birthplace Greece

MOTHER
14. Maiden Name Hrisandy Panagiotou
15. Birthplace Greece

16 (a) Informant Andrew Coronios
(b) Address 602 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) FEB 4 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

V84

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1942 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 2 1942 and that I last saw him alive on Feb 2 1942

Immediate cause of death
Bronchopneumonia
Duration 2 days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo. Safatzy, M. D.
Address 432 S. Patterson Pk Date signed 2/4/42

Please write plainly; physicians: please write the causes of death clearly and legibly.

F 88786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

Registered No. F 88786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Lockraven Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Lockraven Blvd (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mammie Howard

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter A Howard
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 14, 1878

8. AGE: Years	Months	Days	If less than one day
63	10	18 19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Adam Diamont
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Gorky
15. Birthplace Balto Md

16 (a) Informant Walter A Howard
(b) Address 3111 Lockraven Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director C Clement Sk + Donovan
(b) Address 3615-17 Gilmore St

19 FEB 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 2 1942 and that I last saw h[illegible] alive on Feb 2 1942

Immediate cause of death	Duration
Acute Dilatation Heart-	30 min
Mitral Regurgitation Stenosis	1 mo
Due to Arterio Sclerosis Cerebral	1 year
Hypertension	14 yr
Due to Chronic Interstitial Nephritis	14 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Hartford Rd Date signed 2-4-42

VS 3

F 88787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 St Paul St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 St Paul
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ——

3 (a) FULL NAME Mary Catherine McCloskey

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 28 1880

8. AGE: Years 61 | Months 10 | Days 5 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Frank J McCloskey
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie C Styland
15. Birthplace Ireland

16 (a) Informant Miss Helen V. McCloskey Daughter
(b) Address 935 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-42 (month) (day), (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Shuvard Mortuary Co.
(b) Address 108 W Mount Ave

19 (a) FEB 4 — 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 2 19 42, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 19 41, to Feb 2 19 42, and that I last saw h[er] alive on Feb 2 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration 1 Day
Due to: General arterio-sclerosis — 5 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helena F. Shuvard
Address 6 East Biddle St Date signed 2/3/42 M. D.

VS 2

F 88788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No.

F 88788

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1566 Fremont av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1566 Fremont av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 7

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1887

8. AGE: Years	Months	Days	If less than one day
54	2	7	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Chas. Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Alberta Wilson
15. Birthplace Md

16 (a) Informant Alberta Wilson
(b) Address 1566 Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 6 / 42 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director Geo. S. Nelson
(b) Address 1303 Pressbrey Ave

19 (a) FEB 4 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1942 at 5:59 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1942 to 2/3 1942 and that I last saw h[illegible] alive on 2/3 1942.

Immediate cause of death: Cardio-Renal Vascular Disease — Duration: One year.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. P. Pilson M.D.
Address 1536 W Lanvale St. Date signed 2/3/42

VS 3

F 88789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 88789 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information must be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 N. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/1902.

8. AGE: Years	Months	Days	If less than one day
39	11	10	hr. min.

9. Birthplace Belair Md. (Town, county, and state)
10. Usual Occupation Domestic.
11. Industry or business House work.

FATHER
12. Name James E. Whittington
13. Birthplace Unknown

MOTHER
14. Maiden Name Ella Tasco.
15. Birthplace Calvert Co. Md.

16 (a) Informant Alice Whittington
(b) Address 1324 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42 (month) (day) (year)
(c) Cemetery or crematory Belair, Md
Location

18 (a) Funeral director Geo. E. Nelson
(b) Address 1303 Presstman

19 (Signature of city registrar) FEB 4 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31. 1942 at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1942 to 1/31. 1942.
and that I last saw h alive on 1/31 1942.

Immediate cause of death: Acute Myocarditis. — Duration 9 days
Due to Unspecified Burn on Buttock. — 9 days
Due to
Other Conditions Interstitial Nephritis. (Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Probably Accident
(b) Date of occurrence Jan 23 1942 at 3 P. M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No. (Specify type of place)
(e) Means of injury Hot Water Burn Buttock
23. Signature H. T. Williams Home Visit
Address 832 N. Arlington Ave Date signed 2/4/42

VS 2

Howard J. Maddux M.D. over

F 88790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 88790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3529 W. Belvedere Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. or R. F. D. No. 3529 W. Belvedere Avenue (If rural give location)
(e) Person of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Charles J. Rent

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7906

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emily Pearce Rent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1870

8. AGE: Years	Months	Days	If less than one day
71	4	19 1	hr. min.

9. Birthplace South Mountain, Maryland (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Box Mgft.

FATHER
12. Name Lewis Rent
13. Birthplace South Mountain, Maryland.

MOTHER
14. Maiden Name Annie Fox
15. Birthplace South Mountain, Maryland

16 (a) Informant Emily Rent
(b) Address 3529 W. Belvedere Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 4- 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Loring Bye Co.
(b) Address 5005 Park Heights Avenue

19 (Date received) FEB 4 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1942 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 1 1942 and that I last saw him alive on Feb 1 1942.

Immediate cause of death Coronary Thrombosis — Duration Feb 1, 1942
Due to Arteriosclerosis — 1 year
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation None
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Melton E. Lawrason M.D.
Address 5213 Park Heights Ave. Date signed 2-3-42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 88791

Registered No.

HS(12686)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9yrs. 2mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 889 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank S. Kane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Anne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 2 1869

8. AGE: Years	Months	Days	If less than one day
73 72			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie O'Neill
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 '42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3600 Old Frederick Rd

18 (a) Funeral director Harry H. Wirtz
(b) Address 4101 Edmondson Ave.

19 FEB 4 - 1942 Huntington Williams M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1942, at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 2-2 1942, and that I last saw h alive on 2-2 1942.

Immediate cause of death Lobar pneumonia — Duration 2 days

Due to

Due to

Other Conditions Gen'l. arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-3-42

VS 3

F 88792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200

F 88792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W. Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE Elma Prickett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1892

8. AGE: Years 49 | Months 4 | Days 1615 | If less than one day hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business State Teachers College.

FATHER
12. Name Fred L. Prickett
13. Birthplace Illinois

MOTHER
14. Maiden Name Mary Grundy
15. Birthplace Illinois

16 (a) Informant Mrs. Mary Grundy Prickett
(b) Address Towson, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) FEB 4 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1942 at 11.56 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1941 to 2/2 1942 and that I last saw her alive on 2/2 1942

Immediate cause of death
Circulatory collapse — Duration 2 hrs
Due to Ulcerative colitis — 2 years
Due to
Other Conditions Pulmonary Tuberculosis (?)
(Include pregnancy within 3 months of death)
Date of operation 10/23
Major findings of operation: Ulcerative colitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ellen F. Shawkett M. D.
Address Union Memorial Hospital Date signed 2/3/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 43 S. Stricker St. (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Moran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown, 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Meat Packer
11. Industry or business Swift + Company

FATHER
12. Name John Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr. McDonald
(b) Address 3209 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conway + Son
(b) Address 901 Collins St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

FEB 4 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from January 26 1942 to 2/3 1942, and that I last saw him alive on February 3 1942.

Immediate cause of death: Cardiac failure
Due to: Hypertension
C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Bowman M. D.
Address 1 Wyndhurst Rd. Date signed 2/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88794 ✓ F 88794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Fremont Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Samuel W. Greene

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 216-10-6683

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	col	married

6 (b) Name of husband or wife Doris Greene
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1910

8. AGE: Years	Months	Days	If less than one day
31	7	-	..... hr. ..... min.

9. Birthplace Brooklyn – Md (Town, County, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Herbert Greene
13. Birthplace Stony Run B.A. Co. Md

MOTHER
14. Maiden Name Harriett Sparrow
15. Birthplace Davidsonville, Md

16 (a) Informant .....
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Mrs Lottie R. Williams
(b) Address 3221 Schroeder Ave

19 FEB 4 1942 Lottie R. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942 at 1249 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to Jan 31 1942 and that I last saw him alive on Jan 31 1942

Immediate cause of death: Lobar Pneumonia — Duration 5 days

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. Bosley M.D.
Address 993 N. Bouge Date signed 2/4 1942

F 88795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88795

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3141 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3141 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET W. BARNES

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No.S.S.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Allen S. Barnes Sr.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 10/23/1889

8. AGE: Years 52 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John E. Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Mary E. Kramer
15. Birthplace Baltimore Maryland

16 (a) Informant Mr. Allen S. Barnes Sr.
(b) Address 3141 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Maryland

18 (a) Funeral director F. R. Thiepart & Son
(b) Address 1300 Eutaw Place

19 (a) Filed FEB 4 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1. 42 19 at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to Jan 31 19 42 and that I last saw h er alive on Jan 31 19 42.

Immediate cause of death: Acute Cardiac Dilatation, Pulmonary Edema — Duration: 2 days
Due to: Chr. Myocarditis — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman, M.D.
Address W. Fayette St Date signed 2/3/42

Huntington Williams, M.D.

Dr. Harry Glassman

F 88796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 88796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 St. Paul Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Joseph Drechsler (Drexler)

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 214-14-7442

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25th, 1906

8. AGE: Years	Months	Days	If less than one day
35	4 8	1 23	hr. min.

9. Birthplace Havre de Grace, Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER 12. Name Geo. J. Drechsler
13. Birthplace Md.

MOTHER 14. Maiden Name Mary C. Crowley
15. Birthplace Md.

16 (a) Informant Miss Helen Drechsler
(b) Address 2119 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director J. Linton Redel[illegible]
(b) Address 601 E. 22nd Street

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 4 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2nd 1942, at 2:48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to Feb 2 1942 and that I last saw him alive on Feb. 2, 1942.

Immediate cause of death
Cachexia — Duration

Due to Pulmonary tuberculosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Feb 3, 42

38797 410379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 38797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4141 Fairman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Patrick Dignan Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 4-12-91

8. AGE: Years: 50 | Months: 9 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Chauffeur for Dr

11. Industry or business

FATHER 12. Name: John P. Dignan

13. Birthplace: Md

MOTHER 14. Maiden Name: Mary Corlett

15. Birthplace: Md

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-42 (month) (day) (year)

(c) Cemetery or crematory: Parkwood

Location

18 (a) Funeral director: Leonard J. Roach

(b) Address: 5405 Harford Road

19 (a) FEB 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1942 at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1942 to Feb 3 1942 and that I last saw h alive on Feb 3 1942

Immediate cause of death: Tuberculosis pneumonia Rt upper lobe — Duration: 3 weeks

Due to: Bilateral pulmonary tuberculosis — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert C. Austrian

Address: Johns Hopkins Hospital Date signed 2/3/42

VS 2

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 88798 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 88798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town) St Paul Court
(d) Street No. 3120 St. Paul St. (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Editha Birch Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M.

6 (b) Name of husband or wife Hamilton A. Hooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1877

8. AGE: Years	Months	Days	If less than one day
64 65	10	21 3	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Charles Birch
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Davy
15. Birthplace Balto Md

16 (a) Informant Miss Grace Hooper
(b) Address Hopkins Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director John Owens Sons
(b) Address 1960 Eutaw Place

19 (Date rec'd by registrar) FEB 4 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942, at 2 a PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 3 1942, and that I last saw her alive on Feb 3 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Annular Ca of colon	?
& ruptured Diverticulum	8 days
Due to & peritonitis	" "
Other Conditions "Heart Trouble"	?

(Include pregnancy within 3 months of death)
Date of operation Jan 26, 1942
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Kingsano M.D.
Address Union Mem. Hosp. Date signed Feb 2, 1942

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 Reservoir Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Reservoir Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME C. John Beeuwkes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Gertrude H. Brown
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 25, 1879

8. AGE: Years	Months	Days	If less than one day
62	9	9	hr. min.

9. Birthplace Jamesburg, N. J. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name John C. Beeuwkes
13. Birthplace The Netherlands

MOTHER
14. Maiden Name Hendrika Koller
15. Birthplace The Netherlands

16 (a) Informant Mrs. Gertrude B. Beeuwkes
(b) Address 718 Reservoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Isaac O. Mitchell & Sons
(b) Address 1909 Eutaw Place

19 (a) FEB 4 - (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Feb 3 1942, and that I last saw him alive on Feb 3 1942.

Immediate cause of death: Coronary Thrombosis

Due to: Myocarditis

Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration: Duration

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Woodey M. D.
Address 1403 Park Ave. Date signed 2/6/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 88800

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hosp of America 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. John J. Woody

If U. S. Veteran specify WAR

(a) Residence: No. 931 E. Brunswick St., Ward. Social Security No. 212-22-7282

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable L. Woody.

6. DATE OF BIRTH (month, day, year) July 19-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beef Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cof Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John L. Woody

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Margaret Brennan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mable L. Woody

(Address) 931 E. Brunswick

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 5, 1942

19. UNDERTAKER George L. Schmidt

(Address) 2101 Frederick Ave.

20. FILED FEB 4 - 1942 19 Huntington Wilson Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2- 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2-10 PM 1942 to 12 Midnight 2-2 1942

I last saw him alive on Feb. 2 1942 Death is said to have occurred on the date stated above, at 12:40 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Cardiac Failure	
Pulmonary Congestion	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Appelfeld M. D.

(Address) Vol. Hosp of America

F 88801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 88801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dunbeland & Rayner
(c) Hospital or institution: WBGN.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Morris (Birth F-43504)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/2/42

8. AGE: Years	Months	Days	If less than one day
			1 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Vernon Morris
13. Birthplace Roanoke, Virginia

MOTHER
14. Maiden Name Anna Robinson
15. Birthplace N. Carolina

16 (a) Informant
(b) Address 616 Poplar Grove St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL

FEB 4 - 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Williamsport, Md.

19 (a) FEB 4 - 1942 (b) (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1942, at 5:23 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1942 to 2/2 1942, and that I last saw h[illegible] alive on 2/2 1942.

Immediate cause of death Atelectasis — Duration

Due to Prematurity — Duration

Due to Congenital Malformation — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vernon M. Chesnut
Address WBGN. Date signed 2/3/42

7020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

88802 MC(66483) Registered No. E 88802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Hoffman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Press operator
11. Industry or business

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name Jessie ?
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location FEB 4 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address for H. A. Moore

19 (a) FEB 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 31 1942 at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1941 to 1-31 1942, and that I last saw him alive on 1-31 1942.

Immediate cause of death Bronchopneumonia — Duration 7
Due to Gen. arteriosclerosis — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-2-42

VS 8

7022

88803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No. E 88803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Albemarle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER DUBROSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 - 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 FEB 4 - 1942 (Date rec'd by registrar) (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1942, at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolfenden M.D. Medical Examiner.
Date signed 1-27-42

VS 6

7021

F 88804 71469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106

Registered No. F 88804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Albemarle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam Guniam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Dominae Guniam
13. Birthplace Poland

MOTHER
14. Maiden Name Merelene ?
15. Birthplace Poland

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 FEB 4 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1942, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1942, to 1-28 1942, and that I last saw h alive on 1-28 1942

Immediate cause of death Lobar pneumonia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Gilchrist M. D.
Address Balto. City Hosp Date signed 2-3-42

VS 3

7023

F 88805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 88805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Jenkins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Jenkins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Trusty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widow

6 (b) Name of husband or wife Charles Trusty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1872

8. AGE: Years	Months	Days	If less than one day
70	0	29	hr. min.

9. Birthplace Centerville Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Centerville Md

MOTHER
14. Maiden Name ?
15. Birthplace Centerville Md

16 (a) Informant Percy Trusty
(b) Address Centerville Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-5-42 (month) (day) (year)
(c) Cemetery or crematory Centerville
Location

18 (a) Funeral director Adolphus Hutchins
(b) Address 918 Druid Hill Ave

19 (a) FEB 4 (b) 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1942, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1942 to Feb 2 1942 and that I last saw h[illegible] alive on Feb 1 1942.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cardio-Vascular disease	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Oliver Horner M.D.
Address 554 D. Ogden St Date signed 2-3-42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 88806

4209-21-370 686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 88806

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Newington ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Newington Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry N. Smith

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife (nee Powers): Cora E. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1874

8. AGE: Years 67 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace Balto Md (town, county, state or foreign country)

10. Usual Occupation Master Plumber

11. Industry or business Self

FATHER
12. Name Nicholas D. Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susan Smith
15. Birthplace Harford Co Md

16 (a) Informant Cora E. Smith (wife)
(b) Address 701 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 St Charles St

19 (a) FEB 4 1942 (Date rec'd by reg.) Huntington White Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1942 at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1939 to Feb. 3, 1942, and that I last saw him alive on Feb. 1, 1942.

Immediate cause of death: Coronary Thrombosis — Duration

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Wolfe
Address 1331 E. Monument Ave Date signed 2-7-42 M.D.

VS 2

88807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

4210-22-371 Col

Registered No. F 88807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Marshall South (If rural give location)
(e) If foreign born, how long in U. S. A.? South F 43500 years

3 (a) FULL NAME ~~Baby Boy Peterson~~ William Frederick Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1942

8. AGE: Years	Months	Days	If less than one day
			10 hr. 22 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Peterson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Evelyn Walters
15. Birthplace Baltimore

16 (a) Informant Charles Peterson (Father)
(b) Address 1616 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore Md

18 (a) Funeral director P. Howard Evans
(b) Address 1700 E. Baltimore St.

19 (a) FEB 4 1942 (Date rec'd by registrar) Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3 1942 at 6.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3 1942 to 2/3 1942, and that I last saw h[illegible] alive on 2/3 1942

Immediate cause of death

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Spike M. D.
Address 40 E. Balto. St. Date signed 2/4/42

VS 2

88808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 N Eutaw St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Houston (Birth F-36143)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/25/1941

8. AGE: Years	Months	Days	If less than one day
	4 mos	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name George Washington Houston
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Fay Carey
15. Birthplace Pottsville, Pa

16 (a) Informant George Houston
(b) Address Washington, Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)

(c) Cemetery or crematory
Location Washington, Pa

18 (a) Funeral director Wm J. Fickus & Son
(b) Address North St. Pa. Ave. Washington, Pa

19 (c) FEB 4 — Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1942 to Feb 3 1942 and that I last saw her alive on Feb 3 1942.

Immediate cause of death Spontaneous pneumothorax

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Lung abscess with bronchopleural fistula

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp M. D.
Address Univ. Hosp. Date signed 2-3-42

F 88809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 Pennsylvania ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Pennsylvania ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine V. McKenzie.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 19 1857

8. AGE: Years	Months	Days	If less than one day
84	9	13	hr. min.

9. Birthplace Somerset County, Pa (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business —

FATHER
12. Name Jno. McKenzie
13. Birthplace Penna.

MOTHER
14. Maiden Name Margaret Klingman
15. Birthplace Penna.

16 (a) Informant Mrs Clara E Breig
(b) Address 4[illegible] Hamilton ave. Hagerstown Pa

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/5/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. F. Kenny
(b) Address 16 N. Fulton Ave

19 FEB 5 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1942 to Feb 2 1942, and that I last saw h[illegible] alive on Feb 2 1942.

Immediate cause of death Arteriosclerotic C.V. Disease with Coronary Sclerosis
Due to and Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
20 yrs
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan
Address 24 N. Fulton Ave Date signed M. D. 2/4/42

1537 F 88810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 88810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5808 Jonquil Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus B. Bruno

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 216-10-1241

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1879

8. AGE: Years	Months	Days	If less than one day
62	11	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Construction Work

FATHER
12. Name Ferdinand Bruno
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Johanna Funk
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Mary Utter
(b) Address 1409 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Chas. L. Engert
(b) Address 16 S. Holliday St.

19 (a) (Date received by registrar) FEB 5 1942 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3- 1942; at 3.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 2-4-42

F 88811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/108

F 88811
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 Chesapeake Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Chesapeake Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DALLAS DALLAS CARL HOWARD

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/4/40

8. AGE: Years 1 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace Dayton Ohio
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Leonard Howard
13. Birthplace Kentucky

MOTHER 14. Maiden Name Zella Delaney
15. Birthplace ~~1634 Chesapeake Ave~~ Kentucky

16 (a) Informant Leonard Howard
(b) Address 1634 Chesapeake Ave

17 (a) Burial (b) Date thereof 2/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Park Cemetery
Location Kentucky

18 (a) Funeral director Thos J Kenny
(b) Address 1600 Hollins St

19 (a) FEB 5 1942 (b) Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1942, at 11 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobar bilateral	
Due to	
Due to	
Other Conditions ND	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ND
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.
Signed 2-4-42

VS 6

F 88812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88812

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Kelly Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Kelly Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie L. Richardson

3 (b) If veteran, name war: Nil.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Harry

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	4 5	29		

9. Birthplace: Annapolis Md. (Town, county, and state)

10. Usual Occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: George Walker
13. Birthplace: Annapolis, Md.

MOTHER
14. Maiden Name: Louisa Boston
15. Birthplace: Annapolis, Md.

16 (a) Informant: Bessie Harris
(b) Address: 1024 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: Baltimore Co. Md.

18 (a) Funeral director: Mrs. George H. Holland
(b) Address: 1634 Druid Hill Ave.

19 (d) Feb 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1942, at 12:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to Feb. 3 1942, and that I last saw her alive on Feb. 2, 1942.

Immediate cause of death
1. Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Jolean Gilbert M. D.
Address 1617 Kelly Ave. Date signed 2-4-42

VS 3

F 88813

F 88813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Mc Culloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Mc Culloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Davis

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Lucy Davis

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec 15 1878

8. AGE: Years	Months	Days	If less than one day
63	1	13	hr. min.

9. Birthplace Book Quan S C
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name Isaac Davis
13. Birthplace S. C.

MOTHER
14. Maiden Name Maria ?
15. Birthplace SC

16 (a) Informant Lucy Davis
(b) Address 1418 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George M. Halland
(b) Address 1631 Druid Hill Ave.

19 (a) Date received FEB 5 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3- 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1942 to 2-3 1942, and that I last saw him alive on 2-2- 1942.

Immediate cause of death Lobar pneumonia — Duration 3 days

Due to Exposure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark A. Saunders M. D.
Address 1029 N. Stricker St Date signed 2-4-42

VS 8

F 88814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 88814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 W Ostend (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert R. Linthicum

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	219-14-0880	Male	White	Married

6 (b) Name of husband or wife Anna E. Linthicum
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Nov. 3. 1893
8. AGE: Years 48 | Months 2 | Days 30 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Natl. Store Fixture Co

FATHER
12. Name James Linthicum
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Dehlag
15. Birthplace Md

16 (a) Informant Anna E. Linthicum
(b) Address 1121 W. Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Jessups Md.

18 (a) Funeral director Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) (b) Registrar

FEB 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1942 at 6:05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to h... death on the day stated above.

Immediate cause of death Coronary occlusion and thrombosis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Vanderspuy M.D. Medical Examiner
Date signed 2/3/42

F 88815 × F 88815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eubank & Green
(c) Hospital or institution: Md University Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Shadynook Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Alfonsus Lavr

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. 215-05-1132

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	M

6 (b) Name of husband or wife: Lena Lavr
6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.) 11/25 1897

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	2	8/10		

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Bookkeeper
11. Industry or business: Tile + Marble

FATHER
12. Name: Frank Lavr
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Anna Engle
15. Birthplace: Bavaria

16 (a) Informant: Lena Lavr
(b) Address: 218 Shadynook Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: Fayette Starling
(b) Address: Fulton & Fayette

19 (a) Filed 2-6-1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3/1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3/1942 to 2/3/1942 and that I last saw h[illegible] alive on 2/3/1942.

Immediate cause of death: Peritonitis — Duration

Due to: Perforation of gut — over

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 2/3/42

Major findings of operation: Purulent matter in abdominal cavity

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Geo. J. Ulrich M.D.
Address: Univ. Hosp. Date signed 2/3 M. D.

VS 3

F 88816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4234 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4234 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL EHRLICH

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Etta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Russ (Town, county, and state)
10. Usual Occupation Paperhanger - self
11. Industry or business

FATHER
12. Name Chas
13. Birthplace Russ

MOTHER
14. Maiden Name Not known
15. Birthplace Russ

16 (a) Informant Ben. Ehrlich
(b) Address 4234 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 FEB 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-42 19 , at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1941, to Feb 3rd 1942, and that I last saw him alive on Feb 3 1942.

Immediate cause of death Bronchogenic Carcinoma & metastasis to lungs — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harris G. Fine M. D.
Address 118 Aisquith St Date signed Feb. 4th 1942.

VS 3

F 88817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N Mount
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1408 N mount St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex fml | 5. Color or race col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Annie Jones

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — 1861

8. AGE: Years 81 80 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie J Stokley
15. Birthplace md

16 (a) Informant Elenora Wheeler
(b) Address 704 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Lawn
Location

18 (a) Funeral director James A Hayes
(b) Address 942 W. Hoffman St

19 FEB 5 1942 (b) Huntington Ave Baltimore MD (Filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2nd 1942, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1941 to 2/2 1942 and that I last saw h alive on 2/2 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 6 Days
Due to: Arterio Sclerosis — 2yrs
Due to: Diabetes
Other Conditions: Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Bentley M.D.
Address 1400 Eutaw Pl Date signed 2/5/42

VS 3

F 88818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 88818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Aisquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Aisquith St (If rural give location)
(e) Citizen of foreign country? Ireland (Yes or No) If yes, name country

3 (a) FULL NAME Thomas T. Moylan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Hanorah Barrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1865

8. AGE: Years	Months	Days	If less than one day
77	0	1	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Cornelius Moylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Mullane
15. Birthplace Ireland

16 (a) Informant Nora Moylan
(b) Address 1317 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave.

19 (a) FEB 5 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1942, at 8 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1942 to Febr. 4 1942 and that I last saw h[illegible] alive on Febr. 3 1942.

	Duration
Immediate cause of death: Coronary Thrombosis	1 week
Due to: Arteriosclerotic Cardio-Vascular	7
Due to: Renal disease.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Bloom M.D.
Address 1706 E. Preston St Date signed 2/4/42

Dr. Bloom 1700 Pratt

F 88819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 88819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin Sp.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 Fleetwood Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Owens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife I
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-31-74

8. AGE: Years	Months	Days	If less than one day
67	8	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Sonny Lademann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Gerke
15. Birthplace Germany

16 (a) Informant Richard P. Owens
(b) Address 3909 Fleetwood Ave. Cmty

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Houck + Son Inc
(b) Address 1301 E. Eager St.

19 (a) FEB 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1942, at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 7 1942 to Feb 2 1942, and that I last saw h.CT alive on Feb 2 1942.

Immediate cause of death: Uremia (N.P.N 217) — Duration: 4

Due to: Gennalyzed Carcinomatosis — Duration: over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-26-42

Major findings of operation: Exploratory Lap Gennalyzed Carcinomatosis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rynarck Jr. M.D.
Address St Joseph's Hosp Date signed 2-2-42

F 88820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 107

F 88820

Registered No.

Please write the CAUSES of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 100 W. UNIVERSITY PARKWAY

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 100 W. UNIVERSITY PARKWAY (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ALICE LLoYD OLIVER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife THOMAS H. OLIVER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 30.1855

8. AGE: Years 86 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name EDWARD LLOyd

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Howard

15. Birthplace Balto. Md.

16 (a) Informant DeCoursey LLOYD

(b) Address GLEN COE ILL.

17 (a) Burial Cremation (Burial, cremation, or removal) Date thereof Feby 5.1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director John Mitchell Lowe

(b) Address 1900 Eutaw Place

19 FEB 6 194 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 5.1942 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 42 to Feb 4 19 42 and that I last saw h[illegible] alive on Feb 4 19 42

Immediate cause of death

From chronic - Bronchopneumonia

Auricular Fibrillation

Duration 4 days

1 mth

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: do

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? at M (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. Brumbaugh Tieghman M. D.

Address 16 East Biddle St. Date signed Feb 5, 1942

Tieghman

VS 8

88821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 88821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Glenwood, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-29-42

8. AGE: Years	Months	Days	If less than one day
		1	37 hrs. min.

9. Birthplace Glenwood, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Brewer
13. Birthplace Tennessee

MOTHER
14. Maiden Name Daisy Garland
15. Birthplace Tennessee

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 5 - 1942 (Date rec'd by registrar) (b) ~~Huntington Williams M.D.~~

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1942 at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Jan 30 1942 and that I last saw him alive on Jan 30 1942

Immediate cause of death — Duration

Myocardial atelectasis

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorman L. Levenson M.D.
Address Univ. Hospital Date signed

VS 3

7026

88822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 88822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Katie Mae Pittman (Birth F-41765)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 12-17-4

8. AGE: Years | Months 11 1/4 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Isaac Pittman
13. Birthplace N.C.

MOTHER
14. Maiden Name Lillie Mae Williams
15. Birthplace ~~Baltimore~~ N.C.

16 (a) Informant Lillie Mae Pittman
(b) Address 758 W. Lombard St

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory ____
Location JOHNS HOPKINS MEDICAL SCHOOL

18 (a) Funeral director Commissioner of Health
(b) Address: For H. A. Moore

19 (a) FEB 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 19 42, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 19 42 to Jan 31 19 42 and that I last saw h[illegible] alive on Jan 31 19 42.

Immediate cause of death: Acute cerebrospinal meningitis — Duration

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death) Date of operation Lumbar puncture - Jan 30

Major findings of operation: 15,000 w.b.c. count - spinal fluid

of autopsy: Suppurative meningitis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ at ____ M (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Lawrence Blake M.D.
Address Wentworth & Hospital Date signed 2-1-42

PHYSICIAN — Underline the cause to which death should be charged statistically.

7027

88823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V159

Registered No. E 88823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Turners Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Center St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Coleman (Birth F. 4364z)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-42

8. AGE: Years	Months	Days	If less than one day
			18 hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER

12. Name Wilbur Valentine

13. Birthplace Virginia

MOTHER

14. Maiden Name Maude Thomas

15. Birthplace Sparrows Pt. Md.

16 (a) Informant Maude Thomas Coleman

(b) Address 114 Center St. Turners Station

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) FEB 5 - 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-42 19 , at 2 or 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942, to Feb. 3 1942, and that I last saw her alive on Feb 3 1942.

Immediate cause of death Debility of the Newborn — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address Provident Hospital Date signed 2-3-42

VS 3

7028

88824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

Registered No. E 88824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division Ave.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 411 Mosher St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geo. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Odd-Unemployed
11. Industry or business Last 5 yrs.

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1942
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) FEB 5 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1942 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1942 to Jan 31 1942 and that I last saw [illegible] alive on Jan. 31 1942

Immediate cause of death Uremia — Duration 2 weeks

Due to Hypertension Cardio-vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Pecklin
Address Provident Hospital Date signed 1/31/42

VS 2

7029

F 88825 ✓ F 88825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Harcourt Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Harcourt Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE HENRY KEYSER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lucretia Keyser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1846

8. AGE: Years 95 | Months 3 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired Printer
11. Industry or business Newspaper

FATHER
12. Name Magnus Keyser
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie ?
15. Birthplace Germany

16 (a) Informant Mrs. George Johnson
(b) Address 4215 Harcourt Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address 5th & Pennsylvania Avenues

19 (a) FEB 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1942, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 3 1942 and that I last saw h[illegible] alive on Feb 3 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr.
Due to Arteriosclerosis — —
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 2/4/42

VS-2

F 88826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 88826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2877 Woodbrook ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2877 Woodbrook Ave (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma C. Weaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry C. Weaver
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1868

8. AGE: Years 73 | Months 4 | Days 27 | If less than one day: 6 hr. 20 min.

9. Birthplace Kent County Md.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm Vane
13. Birthplace Worton, Kent Co. Md.

MOTHER
14. Maiden Name Emma C. Vane
15. Birthplace Kent Co. Md.

16 (a) Informant Sam. M. Weaver
(b) Address 2877 Woodbrook ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director W. Hesselbrock's Sons
(b) Address 1911 E Baltimore

19 (a) FEB 5 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942, at 4.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1942 to Feb. 4 1942 and that I last saw h alive on Jan. 27, 1942

Immediate cause of death: Heart-failure — Duration: 10yrs

Due to: Cardio-Vascular dis

Due to: Hypertension arteriosclerosis, followed by decompensation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Grunfeld M. D.
Address 1921 Eutaw Pl Date signed Feb. 4 '42

VS 3

F 88827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-5

F 88827 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Iyamsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14-1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Edwina Adams Riggs

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dr George H Riggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 89?

8. AGE: Years 49 | Months 9 | Days ?9 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife + Nurse
11. Industry or business

FATHER
12. Name Charles W Adams
13. Birthplace Baltimore

MOTHER
14. Maiden Name Edwina R Stubbs
15. Birthplace Baltimore

16 (a) Informant Mrs Walter Hambleton
(b) Address 1469 Fremont, Balto, Md.

17 (a) Burial (b) Date thereof Feb 6 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Wm J Tuckman Home
(b) Address North & Pa Aves

19 (a) FEB 5 - 1942 Huntington Williamsport, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1942 at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 4 1942 and that I last saw h.. alive on Feb 4 1942.

	Duration
Immediate cause of death: Diffuse Carcinomatosis	
Due to Carcinoma of Rectum.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Y. Stout M. D.
Address [illegible] Date signed

VS 2

F 88828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 88828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Rosalind Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Rosalind Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Loose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife J. Albert Loose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10 - 1870

8. AGE: Years	Months	Days	If less than one day
71	3.	24	hr. min.

9. Birthplace Annapolis Md.
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Joseph H. Jewell
13. Birthplace Annapolis.

MOTHER
14. Maiden Name Mary Hopkins
15. Birthplace Annapolis

16 (a) Informant Elizabeth J. Harman
(b) Address 3022 Rosalind Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 - 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Minnie Cook-Dyer
(b) Address 1600 W. North Ave.

19 (a) FEB 5 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 - 1942, at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941. to Feb. 3 1942.
and that I last saw ~~her~~ alive on Feb. 2 1942.

Immediate cause of death Chr. Myocarditis.

Due to

Due to

Other Conditions Chr. Nephritis.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury George E. Shannon M.D.
23. Signature
Address 700 N. Fulton Ave. Date signed 2/4/42.

F 88829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 f

F 88829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 12

3 (a) FULL NAME Hazel Mayhem (Birth F-41611)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 1, 1941
8. AGE: Years | Months 1 M | Days M | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Reuben Mayhem
13. Birthplace Va

MOTHER
14. Maiden Name Susie Braxton
15. Birthplace Balto., Md

16 (a) Informant Susie Mayhem
(b) Address 2504 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 303 Presstman

19 (a) FEB 5 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Feb 3 1942 and that I last saw h[illegible] alive on Feb 3 1942

Immediate cause of death: Congenital Asphyxia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 2/5/42

VS 3

F 88830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 88830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 732 E. 21st St
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Entrusted Lazenby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Leofdis M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1889

8. AGE: Years	Months	Days	If less than one day
52	9	23	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Burwell Baker
13. Birthplace Va

MOTHER
14. Maiden Name Mary E. Hood
15. Birthplace Va

16 (a) Informant M. Wyatt Lazenby
(b) Address 732 E. 21st St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 7-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Albert W. Gregory
(b) Address 1940 E North Ave

19 (a) FEB 5 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

V8.5

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4- 1942, at 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, thereon and from the evidence obtained by said Autopsy, find that said deceased came to her death on the day stated above.

Immediate cause of death Shock

Due to 1st, 2nd & 3rd degree burns involving more than 1/2 of body

Due to

Other Conditions No conflagration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-3-42 at A.M
(c) Where did injury occur? 732 E. 21st St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No.
(Specify type of place)
(e) Means of injury Clothes caught on fire, Stove

23. Signature Howard J. Cruikshank M.D.
Medical Examiner.
Date signed 2-4-42

F 88831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-B

F 88831

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Barnes St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Barnes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MILDRED STINNETTE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Percy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10. 1904

8. AGE: Years	Months	Days	If less than one day
37 38	9	21	hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Percy Stinnette
(b) Address 207 N. Ann St.

17 (a) Burial (b) Date thereof 2/5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eutaw & Hunting Ave
(b) Huntington Williams, M.D.

FEB 5 - 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st. 1942, at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Infection during childbirth	
Due to: Pregnancy, full term	
Due to:	
Other Conditions: No	
(Include pregnancy within 3 months of death)	
Date of operation: No	
Major findings of operation:	
of autopsy: Yes	over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner
Date signed 2-7-42

VS 6

F 88832 71499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Nursery Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

101

3 (a) FULL NAME Hattie Summerville 71499

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	sep.

6 (b) Name of husband or wife Daniel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1908

8. AGE: Years	Months	Days	If less than one day
33	4	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James
13. Birthplace Md

MOTHER
14. Maiden Name Hattie Smoot
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Ebony Wilson
(b) Address 1000 Pleasant Lyne
19 (a) FEB 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1942, at 2:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942, to Feb 2 1942, and that I last saw h. alive on Feb 2 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration 2 1/12 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rattleton M. D.
Address Balt. City Hosp Date signed 2-3-42

F 88833 71291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 88833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

11-3

3 (a) FULL NAME William Coates 71291

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	9	6 7		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Oliver Coates
13. Birthplace Md

MOTHER
14. Maiden Name Mary Owens
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1008 Eastern Ave

19 (a) [illegible] (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1942, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 19 42 to Feb 3 1942, and that I last saw him alive on Feb 3 19 42

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Calhoun M. D.
Address Balto City Hosp Date signed 2-7-42

VS 3

F 88834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 88834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 739 Dover st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 Dover st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months - | Days - | If less than one day - hr. - min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Corine Jones
(b) Address 739 Dover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/ 1942 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1942 to 2-2 1942, and that I last saw h alive on 1/24 1942.

Immediate cause of death Chronic Cardio-Vascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: About 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Jackson M.D.
Address 600 N Gilmor St Date signed 2/4/42

VS 2

F 88835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 88835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3521 Ailsa ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 Ailsa Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Eigner

3 (b) If veteran, name war —
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine P. Eigner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23rd 75

8. AGE: Years	Months	Days	If less than one day
66	3	13	hr. min.

9. Birthplace Balto. City Md
(Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business Grocery

FATHER 12. Name John G. Eigner
13. Birthplace Germany

MOTHER 14. Maiden Name Anna C. Schu
15. Birthplace Germany

16 (a) Informant Katherine P. Eigner
(b) Address 3521 Ailsa Ave

17 (a) Cremation (b) Date thereof Feb 7th 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Kensington Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4th 1942 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1942 to Feb. 4 1942 and that I last saw him alive on Feb. 3 1942

Immediate cause of death Chronic myocarditis
Malignant Hypertension
Due to Generalized Arterio-sclerosis — Duration 6 months

Due to — History — 5 yrs.

Other Conditions Associated Uremia (Terminal)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold M.D.
Address 4706 Harford Road Date signed 2/4/42

C.O.D. — 9 63

F 88836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88836

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Ward 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth 22 yrs. mos. da.

2. FULL NAME Joseph [redacted] Currerie

If U. S. Veteran specify WAR

(a) Residence: No. 412 Colvin St., Ward 215

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Currerie

6. DATE OF BIRTH (month, day, year) Aug 11, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Andrew Currerie

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Jacqueline Currerie

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Lena Currerie

(Address) 412 Colvin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 7 1942

19. UNDERTAKER Joseph Farace, Inc.

(Address) 1201 E. Monument

Huntington Williams, M.D.

FILED (Date) 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1942

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1942 to 2-4 1942

I last saw h[redacted] alive on 2-4 1942. Death is said to have occurred on the date stated above, at 1120 A.

The principal cause of death and related causes of importance were as follows:

Volvulus & mesenteric thrombosis & generalized peritonitis.

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-3-42

For what disease or injury? Volvulus & mesentery

Name of operation Abd. Laparotomy

What test confirmed diagnosis? OK Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Wallenstein M.D.

(Address) [redacted] Bolt

F 88837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Bradford St (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Maryanna Cichy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Cichy (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 1840

8. AGE: Years	Months	Days	If less than one day
101 102	10	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Ignatius Przybylski
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Jagodzinski
15. Birthplace Poland

16 (a) Informant Veronica Pizlo (Daughter)
(b) Address 602 S. Bradford Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore City

18 (a) Funeral director John M Weber
(b) Address 407 S. Chester Street

19 FEB 5 - 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to Feb 3 1942 and that I last saw her alive on Feb. 3 1942.

Immediate cause of death	Duration
TERMINAL BRONCHO PNEUMONIA	3 DAYS
Due to CEREBRAL HEMORRHAGE	JAN. 6 1942
Due to GENERALIZED ARTERIOSCLEROSIS	30
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Drenga
Address 209 S. Chester St. Date signed M. 2 D. 3/42

VS 8

F 88838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution South Balto Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1¼ da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Sharp St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dong Chin Tong

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Yellow	Married

6 (b) Name of husband or wife Chong Dong
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) About 1884

8. AGE: Years	Months	Days	If less than one day
Abt 58	—	—	hr. min.

9. Birthplace Montana (Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business (above)

FATHER
12. Name Dong Ling
13. Birthplace China

MOTHER
14. Maiden Name Moy See
15. Birthplace China

16 (a) Informant Dong Ying Toy - (son)
(b) Address 14-45-21st St. Oakl. Calif.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Date received by Local Registrar FEB 5 1942 (b) Registered by Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1942 at 2:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1942 to 2/4 1942, and that I last saw h[illegible] alive on 2/4 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein
Address South Balto Gen. Hosp. Date signed 2/9/42 M. D.

F 88839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F-88839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4048 Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Wollett (Birth F-42847)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18. 1942

8. AGE: Years | Months | Days | If less than one day: 6 hr. 45 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Frederick Wollett

13. Birthplace Baltimore, Md.

14. Maiden Name Edith Hollis

15. Birthplace Martinsburg, West Virginia

16 (a) Informant Edith Wollett

(b) Address 4048 Cold Spring Lane, Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address For H. A. Moore

19 (a) FEB 5 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1942 at 7 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1942 to 1/18 1942 and that I last saw him alive on 1/18 1942

Immediate cause of death Prematurity (Child born at 6 mos.; weighed 1 lb 10 oz.)

Due to Premature labor

Due to Placenta Previa

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilfred K. Geraghty M. D.

Address 1110 Eutaw Pl. Date signed

VS 3

7034

F 88840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

F 88840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2541 Kirk Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2541 Kirk Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

41

3 (a) FULL NAME John Howard Wilhelm (Birth F-40031)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30,1941

8. AGE: Years	Months	Days	If less than one day
–	2	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George E. Wilhelm
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen E. Bouldin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. George E. Wilhelm
(b) Address 2541 Kirk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6,1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director P. D. Amoreau
(b) Address 1095 W. Baltimore St.

19 FEB 5 – 1942 (Registered by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21st 1942. to Feb. 4th. 1942, and that I last saw him alive on Jan. 21st 1942.

Immediate cause of death Marasmus
Acute Gastritis
Due to ------
Due to ------
Other Conditions ------
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 weeks 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 401 E. 25th St. Date signed 2/5/42.

88841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 88841
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 E Federal St.
(c) Hospital or institution: **********
(d) Length of stay in hospital or inst. (yrs., mos., or days) ***
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
66
(d) Street No. 1824 E Federal St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ********

3 (a) FULL NAME Sarah Wassman.

3 (b) If veteran, name war ********

3 (c) Social Security Account No. **********

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Wassman

6 (c) If alive, give age ** years

7. Birth date of deceased (mo., day, yr.) January 1, 1873

8. AGE: Years 69 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business **********

FATHER
12. Name Mathias Angelmier
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Smith.
15. Birthplace Baltimore Md.

16 (a) Informant Thomas Cook.
(b) Address 1824 E Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director J. Melville Jenkins.
(b) Address 2713 Kirk Ave.

19 FEB 5 — 1942 (Date rec'd by registrar)
Huntington Williams

VS 2

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Feb. 5, 1942 19 at 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1941 to Feb. 5, 1942 and that I last saw him alive on Feb. 5, 1942

Immediate cause of death: Chronic Myocarditis — Duration 1 yr

Due to: Diabetes Mellitus — 2 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B Wolfe M. D.
Address 1331 E Monument Date signed 2-5-42

F 88842
MA 71571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 88842

133-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Mcklderry st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (KATE) Catherine Foeller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Kasper Foeller
13. Birthplace Germany

MOTHER
14. Maiden Name Eva ? Gulath
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem
Location Baltimore

18 (a) Funeral director Philip Henry Jones
(b) Address 2024 Orleans St

19 (a) Filed FEB 6 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1942 at 8 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 2-4 1942, and that I last saw h alive on 2-4 1942.

Immediate cause of death	Duration
Uremia	?
Due to Chronic pyelonephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A Rathbun M. D.
Address Balto. City Hosp Date signed 2-5-42

VS 3

F 88843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 88843

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 103 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lois Faust 69572

3 (b) If veteran, name war

3 (c) Social Security Account No. 410-16-5692

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1919

8. AGE: Years	Months	Days	If less than one day
22	11	3	hr. min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation ~~Machinist~~ operator
11. Industry or business Martin's Shirt Co

FATHER
12. Name Maynard Faust
13. Birthplace Tenn

MOTHER
14. Maiden Name Bozinger
15. Birthplace Tenn.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-42 (month) (day) (year)
(c) Cemetery or crematory Dare Chapel
Location La Follette Tenn.

18 (a) Funeral director Bryan P. Reynolds
(b) Address 510 Robert St

19 (a) FEB 6 - 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1942 at 7:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1941 to Feb 5 1942, and that I last saw her alive on Feb 5 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 7 mos.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 2-9-42

VS 3

F 88844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 88844

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1044 W. Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 W. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Ensor Robey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank E. Robey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1864

8. AGE: Years	Months	Days	If less than one day
77	11	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Charles H. Baker
13. Birthplace Baltimore County, Md.
14. Maiden Name Debora Davis
15. Birthplace Baltimore County, Md.

16 (a) Informant Mrs. Walter Ward Stewart
(b) Address Lochearn, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

19 (a) FEB 6 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1942 to Feb. 4 1942, and that I last saw h[illegible] alive on Feb. 4 1942.

Immediate cause of death Metastasis to 2nd Lumbar Vertebra — Duration 2 mos.

Due to Carcinoma of Breast — 2

Due to Dangerous Med Dose Probably Carcinoma — 3 weeks

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter
Address 4822 Roland Ave. Date signed 3/5/42

F 88845
410972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106

F 88845
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Rockpoint
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Chisley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-41

8. AGE: Years	Months	Days	If less than one day
	7	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name James Chisley
13. Birthplace Md.

MOTHER
14. Maiden Name Susanna Hill
15. Birthplace Md.

16 (a) Informant Beards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Rockpoint, Md (b) Date thereof 2/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Burial
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1362 Presstman St.

19 (a) FEB 6 - 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 4 1942 at 8:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942 to Feb 4 1942 and that I last saw him alive on Feb 4 1942.

Immediate cause of death Emphysema.
Due to
Due to
Other Conditions Cardiac failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 weeks.
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollack
Address Johns Hopkins Hosp. Date signed 2-5-42 M.D.

VS 2

F 88846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 88846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1369 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Botts

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-8172

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Alberta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Octavia Parker
(b) Address 1369 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Geo. G. Kilson
(b) Address 1303 Pennsylvania Ave.

19 (a) FEB 6 - 1942 (Date received by registrar)

Huntington Williams, Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Feb. 4 1942 and that I last saw him alive on Feb. 4 1942

Immediate cause of death: Uremia — Duration 9 days

Due to Hypertensive Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Ratcliffe M.D.
Address Provident Hosp. Date signed 2/5/42

VS 3

F 8847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 8847 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2834 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Ogle

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna W. Ogle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1857

8. AGE: Years 84 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George W. Ogle
13. Birthplace England

MOTHER
14. Maiden Name Anna Lairy
15. Birthplace Balto. Md.

16 (a) Informant Miss. Elizabeth J. Ogle
(b) Address 2834 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Blto. Co. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) FEB 6 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Feb 4 1942, and that I last saw alive on Feb 4 1942.

Immediate cause of death Myocardial degeneration arising sclerotic Cardiac Disease

Due to Generalized arteriosclerosis

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Michael

Address 2901 Edmondson Ave Date signed Feb 5 1942

F 88848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, state township and give town)
(d) Street No. 1930 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

81

3 (a) FULL NAME Ernest McBride

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7552

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C	Married

6 (b) Name of husband or wife Ada McBride
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	22	hr. min.

9. Birthplace Anderson S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Asbury McBride
13. Birthplace S.C.

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Ft. Md.

16 (a) Informant Nora McGinn
(b) Address 1930 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 2 Day St. Central Ave.

19 (a) FEB 6 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1942, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 4 1942, and that I last saw h~~e~~ alive on Feb 4 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	Feb 4 1942
Due to Bronchopneumonia	1/26/42
Due to	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Lafaurie
Address 822 N. Bond St. Date signed 2/6/42 M.D.

VS 3

F 88849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F

F 88849

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Pendleton Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Griffin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-8-1887

8. AGE: Years	Months	Days	If less than one day
54	4	26	25 hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Basil Griffin
13. Birthplace Md

MOTHER
14. Maiden Name Fannie Carr
15. Birthplace Md

16 (a) Informant Mamie Johnson
(b) Address 2107-7th ave New York
17 (a) Burial (b) Date thereof 2-7-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md.
18 (a) Funeral director William A. Jackson
(b) Address 116 Pennsylvania Ave
FEB 6 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942, to 2-3 1942; and that I last saw her alive on 2-3 1942.

Immediate cause of death Syphilitic Cardio-Vascular Disease

Due to

Due to

Other Conditions Arteriosclerosis, Adhesive pericarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin D. Dane, Jr. M.D.
Address Univ. Hosp. Date signed 2-6-42

VS 8

F 88850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31-b

F 88850

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2513 James St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 James St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse L Lovering

3 (b) If veteran, name war —

3 (c) Social Security Account No. None (

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1868

8. AGE: Years	Months	Days	If less than one day
73	0	28	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Cement worker

11. Industry or business

FATHER
12. Name Jesse L Lovering
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Wolf
15. Birthplace Balto Co Md.

16 (a) Informant Geo F Russell
(b) Address 2513 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2-42 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location Fairland Rd

18 (a) Funeral director Edward Toulson
(b) Address 2639 Wash Blvd

19 (a) (Signature of registrar) (b) Registrar

FEB 6 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 5. 1942 at 12-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 3 1942 to Feby 5 1942 and that I last saw h[illegible] alive on Feby 4 1942

Immediate cause of death Uremia — Duration 2 day

Due to Cardio vascular renal ?

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. T. McKiel Jr. M. D.
Address 2420 Wash Blvd Date signed 2-2-42

F 88851

F 88851 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-h Registered No.

BC(71320)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3423 Claremont Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna McGonigle

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1901

8. AGE: Years	Months	Days	If less than one day
40	4	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Factory work

11. Industry or business

MOTHER / FATHER

12. Name John McGonigle

13. Birthplace Ireland

14. Maiden Name Amelia Fitz

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 8 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem.

Location Rural

18 (a) Funeral director Chas. Ulrich

(b) Address 229 N. Arlington Ave.

19 (a) FEB 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1942, at 9 4/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1942 to 2-3 1942 and that I last saw her alive on 2-3 1942

Immediate cause of death: Uremia — Duration: 2 weeks

Due to: Arteriolo nephrosclerosis — ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Kalthaus M. D.

Address Balto. City Hosp. Date signed 2-3-42

VS 2

F 88852
41037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-a

F 88852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 E 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CONRAD SCHMIDT

3 (b) If veteran, name war

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-73

8. AGE: Years	Months	Days	If less than one day
68	6	23	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Cath. Bierau
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 9 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director John Cellrich
(b) Address [illegible] Huntington Williams, M.D.

19 (a) FEB 6 - 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1942 at 9:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 23 1942 to Feb 4 1942, and that I last saw him alive on Feb 4 1942.

Immediate cause of death Cancer of the esophagus — Duration 1 yr.

Due to

Due to

Other Conditions Cancer of trachea, arteriosclerosis, anemia

(Include pregnancy within 3 months of death)

Date of operation April 1940 -

Major findings of operation: Total gastrectomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Johns Hopkins Date signed 2-

VS 8

F 88853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 88853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Car Residence Ave & Madeira St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S Highland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Linsenmayer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-9660

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Linsenmayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 - 1887

8. AGE: Years	Months	Days	If less than one day
64	2	2/23	hr. min.

9. Birthplace Harrisburg Pa (Town, county, and state)
10. Usual Occupation Tool Maker
11. Industry or business

FATHER
12. Name Jacob Linsenmayer
13. Birthplace Pa

MOTHER
14. Maiden Name Marie Zimmerman
15. Birthplace Pa

16 (a) Informant Mrs Carrie Linsenmayer
(b) Address 324 S Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Bypass

18 (a) Funeral director John Ulrich
(b) Address 2008 E Oliver

19 (a) FEB 6 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5, 1942, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4, 1942 to Feb 5, 1942, and that I last saw him alive on Feb 5 1942.

Immediate cause of death Sarcoma left ileum & abdominal metastasis — Duration

Due to

Due to

Other Conditions Carcinoma of liver.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp. Date signed 2/5/42 M. D.

VS 3

F 88854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 88854

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 S Kresson st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Kresson st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcella Franz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1872

8. AGE: Years	Months	Days	If less than one day
70	9 11		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business Home

FATHER
12. Name Peter A. Franz
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah J. Sumner
15. Birthplace Germany

16 (a) Informant Rose Beroske
(b) Address 7 S. Kresson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ext.

18 (a) Funeral director Geo M. Fritz Son
(b) Address 814 N Wolfe st

19 (a) (Date received by registrar) FEB 6 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Feb 4 1942 and that I last saw her alive on Feb 4 1942.

Immediate cause of death Carcinoma of bladder

Due to

Due to

Other Conditions Arteriosclerotic heart disease.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M.D.
Address 1421 East ave Date signed 2-4-42

F 88853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 88855
Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Greenmount Ave~~ Apts
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Greenway Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lula E. Norton (LULA E. NORTON)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or Race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Broadus F. Norton
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/24/1871

8. AGE: Years	Months	Days	If less than one day
70	10	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business ✓

FATHER
12. Name Samuel B. Dove
13. Birthplace Prince Georges Co Md

MOTHER
14. Maiden Name Martha Ann Phipps
15. Birthplace Md.

16 (a) Informant Mrs Herbert Dove
(b) Address Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Lakeside Md

18 (a) Funeral director Wm. A. Meinhold Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 6 — 1942 (Date received by registrar) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6-42 19 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942 to 2-6-1942, and that I last saw her alive on 2-6 1942.

Immediate cause of death: Coronary thrombosis — Duration 24 hrs
Due to: Hypertensive cardiovascular disease
Due to:
Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 2-6-42

VS 3

F 88856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

F 88856 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 St. John's Road
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 725 St. John's Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Lee Jackson

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife ✓
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 19, 1863
8. AGE: Years 78 Months 9 Days 17/5 If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Vincent Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Martin
15. Birthplace Md.

16 (a) Informant Mrs. Mary P. Jackson
(b) Address 725 St. John's Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (b)

FEB 6 1942
Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1941, to Feb. 4 1942, and that I last saw him alive on Feb. 4 1942.

Immediate cause of death

Pulmonary Edema, — 2 days
Due to myocardial insufficiency — 2 mo

Due to

Other Conditions Poor weak age — (Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature M. Brennan Lord M. D.
Address 2200 Garrison Blvd. Date signed

VS 3

F 88857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 88857
Registered No.

JN 70989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 W. Lanvale Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

16 22

3 (a) FULL NAME Baby Boy Gaskins (Birth F-43534)

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1942

8. AGE: Years | Months | Days | If less than one day: 8 hr. 26 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name VanLear Gaskins
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-4-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) FEB 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1942 at 6:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7/1942 to 1/7/1942 and that I last saw him alive on 1/7/1942

Immediate cause of death: Intracranial Haemorrhage — Duration:
Due to:
Due to Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Douglass M. D.
Address 1641 W. Lanvale St. Date signed 1-8-42

VS 3

F 88858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88858 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calhoun and Fayette Streets
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barry Jacob Becker

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna M. Becker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1879

8. AGE: Years	Months	Days	If less than one day
62	11	0	hr. min.

9. Birthplace: Los Angeles, California
(Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business: Md. Butter Company

MOTHER'S NAME
12. Name: Henry Becker
13. Birthplace: Germany

MAIDEN NAME
14. Maiden Name: Augusta McCubbin
15. Birthplace: Maryland

16 (a) Informant: Mrs. Anna M. Becker
(b) Address: 1816 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) FEB 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942, at 5 53 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942 to Feb 4 1942 and that I last saw him alive on Feb 4 1942.

Immediate cause of death	Duration
Cerebral Accident	
Due to: (a) Uremia (b) Intra ventricular Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jonas E. Goodman M.D.
Address: Franklin Sq. Hosp. Date signed 2/8/42

VS 8

F 88859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1646

Registered No. F 88859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 Edgewood Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Edgewood Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY E. SELLMAN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: John H. Sellman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 28, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	6	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Frank Bosse
13. Birthplace: Germany

MOTHER
14. Maiden Name:
15. Birthplace: Germany

16 (a) Informant: Mrs. Arthur Bastress
(b) Address: 728 Edgewood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) FEB 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1942, at 8:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 - 1941, to 2/4 1942 and that I last saw h[illegible] alive on 2/4 1942

Immediate cause of death

Coronary Thrombosis

Due to

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Cushwa M.D.

Address 2145 W. Balto St. Date signed 2/6/42

F 88860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2834 Clifton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 Clifton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15-T

3 (a) FULL NAME Alfred James Kettle

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Ellen Kettle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 12, 1859

8. AGE: Years	Months	Days	If less than one day
82	2	23	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Shoe Manufacturer
11. Industry or business Retired

FATHER
12. Name James Kettle
13. Birthplace England

MOTHER
14. Maiden Name Caroline Richardson
15. Birthplace England

16 (a) Informant Mrs. Sarah Kettle
(b) Address 2834 Clifton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

FEB 6 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/02 19 42, to 2/5 19 42, and that I last saw h alive on 2/3 19 42.

	Duration
Immediate cause of death cardiac decompensation with oedema	3 mos.
Due to chronic myocardial disease	2 yrs.
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Kendig Wallace M. D.
Address 2839 Walbrook Avenue Date signed 2/6/42

VS 3

F 88861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5219 St. Charles Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 St. Charles Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD PARKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Alverta Frances Parks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1877

8. AGE: Years	Months	Days	If less than one day
64	4	27	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John P. D. Parks
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Wm. M. Cofiell
(b) Address 5219 St. Charles Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory May's Chapel Cem.
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) FEB 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1942, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 , to Feb. 4, 1942.
and that I last saw h alive on Feb. 4, 1942.

Immediate cause of death Myocardial Insufficiency — Duration
Due to
Due to Hypertension Cardiovascular disease
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Monmouth M. D.
Address 5429 Charles St. Date signed 2/6/42

VS 3

F 88862

F 88862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dunbarland & Rayner Ave.
(c) Hospital or institution:
WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4908 Belair Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James Robert Plowman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Nellie Couling Plowman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1874

8. AGE: Years	Months	Days	If less than one day
67	6	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk - Drug Store
11. Industry or business

FATHER
12. Name James R. Plowman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. James R. Plowman, Jr.
(b) Address 4908 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) FEB 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1942, at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1942 to 2/4 1942, and that I last saw him alive on 2/4 1942.

Immediate cause of death	Duration
(a) Pulmonary Edema -	2 days
Due to Hypertension Heart Disease -	7
Due to	
Other Conditions Pernicious Anemia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Simon M. Checkett M.D.
Address WBGH. Date signed 2/4/42

VS 3

F 88863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 88863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 1017 Myrtle Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Marbury

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-07-6090

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife No wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1889

8. AGE: Years	Months	Days	If less than one day
52 0-1	March ✓	✓	hr. ✓ min.

9. Birthplace Maryland (State, county, and state)

10. Usual Occupation Farmer

11. Industry or business Sparrows Point

FATHER
12. Name Noble Marbury
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Helen Conway
(b) Address 1017 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Pleasant
Location Charles Co. Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3221 Lexington St. Baltimore, Md.

19 (a) FEB 6 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1942 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to Feb 4 1942 and that I last saw him alive on Feb 3 1942.

Immediate cause of death Pneumonia — Duration 16 days

Due to

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A Carson M. D.
Address 1016 S. Stricker St. Date signed 2-6-42

88864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V100-B F 88864

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 Aiken St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Aiken St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth B. Carruthers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert A.

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 12-1-1880

8. AGE: Years	Months	Days	If less than one day
61	2	4	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Restaurant owner

11. Industry or business

FATHER
12. Name William T Cobb
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Willett
15. Birthplace Pennsylvania

16 (a) Informant Robert A. Carruthers
(b) Address 2116 Aiken St.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Elkridge Md.

18 (a) Funeral director J. Vernon Kahn
(b) Address 2301 Edmondson Ave.

19 (a) FEB 6 - 1942 (Date received by registrar) Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1942 at 8:17 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Feb 5 1942 and that I last saw h[illegible] alive on Feb 5 1942

Immediate cause of death: Pulmonary Embolism

Due to

Due to

Other Conditions Marked Phlebitis left leg. Cellulitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H A Dooley M.D.
Address Medical Arts Bldg Date signed 2-6-42

VS 1

F 88865 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 88865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Weldon Cir.
(c) Hospital or institution:
St. Mary Orphanage
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 1311 Weldon Cir.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 39 Yrs. years

3 (a) FULL NAME Re. Lec P. Manzetti

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 27 1868

8. AGE: Years 73 74 | Months 9 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Avian Les Baines (France)
(Town, county, and state)

10. Usual Occupation Rev. Cat. Priest

11. Industry or business

FATHER
12. Name Anthony Manzetti
13. Birthplace Italy

MOTHER
14. Maiden Name Matilda Viglino
15. Birthplace Italy

16 (a) Informant Henry J. Witthaner (Secretary)
(b) Address 1311 Weldon Cir.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb. 7/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederck Rd. (Balt. Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 6 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Rev. L. Manzetti 1942 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1941, to Feb 4 1942 and that I last saw him alive on Feb 4 1942

Immediate cause of death Chronic Heart Valvular Disease — **Duration**

Due to

Due to

Other Conditions Arteriosclerosis Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Sodaro M.D.

Address 462 York Rd Date signed Feb. 6-42

VS 3

88866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

E 88866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo18da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo18da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Maple Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Owen W. Matthews

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ada M. Gibbons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1876

8. AGE: Years	Months	Days	If less than one day
65	6xxx	2	hr. min.

9. Birthplace Montgomery County, Maryland
(Town, county, and state)
10. Usual Occupation STORE KEEPER
11. Industry or business

FATHER
12. Name WESLEY MATTHEWS
13. Birthplace CANADA

MOTHER
14. Maiden Name CHARLOTTE (Van Kanown)
15. Birthplace WASHINGTON

16 (a) Informant RECORDS*US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto Md.

18 (a) Funeral director Wilkinson Cook
(b) Address 1217 St Paul St Huntington Williams, Mgr.

19 FEB 6 - 1942 (Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17, 1942 to Feb. 5, 1942, and that I last saw him alive on Feb. 5, 1942.

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Cardiac disease, degeneration of myocardium with acute	Unknown
Due to decompensation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P.B.H. Anderson Per JOM
Address US Marine Hospital, Baltimore, Md. Date signed 2/5/42

VS 8

88867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-6 F 88867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo5da
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Kingsway Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS HARRY SHANTON

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1868

8. AGE: Years 73 | Months 4 | Days 9 | If less than one day and hr. min.

9. Birthplace Laramie, Wyoming (Town, county, and state)

10. Usual Occupation Policeman (retired)

11. Industry or business

FATHER
12. Name Thomas L. Shanton
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Dougherty
15. Birthplace Scotland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Arlington Va.

18 (a) Funeral director William Cook,
(b) Address 1215 St. Paul St.

19 (a) FEB 6 – 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1942, 8:45p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30, 1942, to Feb. 4, 1942 and that I last saw him alive on Feb. 4, 1942.

Immediate cause of death --Bronchopneumonia with abscess bronchiectasis — Duration 48 hr.

Due to Necrosis of larynx following radiation treatment for carcinoma — 1 yr. 5mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ~~Autopsy~~ 11/24/41

Major findings of operation ~~Exploratory Laparotomy~~ Gastrostomy

Findings of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 2/5/42 M. D.

F 88868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 88868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Pearl Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Pearl st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stevenson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Annapolis md. (town, county, and state)

10. Usual Occupation errand boy

11. Industry or business fish Market

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant William Love
(b) Address 506 Pearl st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)

(c) Cemetery or crematory mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

19 (a) FEB 6 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1942 at 8:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh H. Landerkin M.D. Medical Examiner.
Date signed 2/6/42

VS 6

F 88869 71594 F 88869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Sarah Anne, Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Tate

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 18, 1901

8. AGE: Years	Months	Days	If less than one day
40	10 9	18 17	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Newton
13. Birthplace Va.

MOTHER
14. Maiden Name Mandie Tucker
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location

18 (a) Funeral director A. Halstead Hall
(b) Address 918 Eutaw St. Balto

19 (a) (Date received by registrar) FEB 6 - 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1942 at 7:52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942 to 2-5 1942 and that I last saw h[illegible] alive on 2-3 1942.

Immediate cause of death Pulmonary Embolism — Duration 3 days
Due to Thrombophlebitis — 1 yr.
Due to Carcinoma Uterus with Metastases
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Heath M.D.
Address Balto City Hosp Date signed 2-6-42

VS 3

F 88870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-B

F 88870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Haven St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rode

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11-1925

8. AGE: Years	Months	Days	If less than one day
16	5	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painters Helper

11. Industry or business

FATHER — 12. Name Chas. Henry Rode

13. Birthplace Balto

MOTHER — 14. Maiden Name Anna Kuhn

15. Birthplace Baltimore

16 (a) Informant Parents

(b) Address 116 N. Haven St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9-42 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Taylor Ave. Balto Co.

18 (a) Funeral director John J. Connelly

(b) Address Essex Md.

Filed FEB 9 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (Autopsy or Inquiry) death on the day stated above.

Immediate cause of death: Pulmonary hemorrhage in the brain — Duration

Due to: Cerebral edema

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-4-42 at 12 M
(c) Where did injury occur? Turner Sta. (City or town) Balto. Co. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury auto car pass. call street car

23. Signature Huntington Williams M.D. Medical Examiner.

Date signed 2/5/42

VS 6

88871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88871
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Oliver Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. Middle River (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Seamahorn (Birth F-36576)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/20/41

8. AGE: Years	Months	Days	If less than one day
	4	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Harvey Seamahorn
13. Birthplace Washington

MOTHER
14. Maiden Name Elizabeth Liggett
15. Birthplace Illinois

16 (a) Informant Mrs Harvey Seamahorn
(b) Address Oliver Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-42 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Chase

18 (a) Funeral director Fairgrieve Funeral Home
(b) Address 7401 Belair Rd.

19 (a) FEB 6 — 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 19 42 at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 19 42 to Feb 5 19 42
and that I last saw h alive on Feb 5 19 42

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lorimand. Levinson, M.D.
Address University Hospital Redwood & Greene Date signed 2/5/42

VS 2

F 88872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 88872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1047 Asquith St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lula Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Willie Jones

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 30, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	6	3		

9. Birthplace Victoria Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Cheatham
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Willie Jones
(b) Address 1047 Asquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location U. A. County Md

18 (a) Funeral director Mrs K. A Elliott & Dept.
(b) Address 1129 N. Carrollton St.

19 (a) FEB 6 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1942, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 2-3 1942 and that I last saw h.er alive on 2-3 1942

Immediate cause of death: Hypertensive cardio-vascular disease (uremia).

Duration: UNK.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.

Address 1500 E. Madison St Date signed 2/3/42

Rayner Browne

F 88873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph H. Isaacs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Ida Isaacs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1877

8. AGE: Years 67 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Marie E. Toles
(b) Address 806 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB. 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1941, to Feb 3 1942, and that I last saw him alive on Feb 3 1942.

Immediate cause of death: Coronary Thrombosis — Duration: Feb 4 1942

Due to: Myocardial Degeneration

Due to:

Other Conditions: Arthritis, Hypertension

(If female, pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lafourt

Address 822 N. Bond St Date signed 2/6/42 (M. D.)

F 88874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELMER CONN

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1894

8. AGE: Years	Months	Days	If less than one day
48	1	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Conn
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Alice Linton
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1942 (Month, day, year)
(c) Cemetery or crematory Leakin Park
Location Baltimore
18 (a) Funeral director H. Donald Evans
(b) Address 142 W. St. Paul St.
(Date received) FEB 6 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1942, at 7:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4, 1942 to Feb. 5, 1942, and that I last saw him alive on Feb. 5, 1942

Immediate cause of death: Cardiac failure, acute — Duration: Unknown

Due to: Degeneration of myocardium — Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 2/8/41 M.D.

VS 3

88875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-42 Registered No. E 88875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4812 Palmer Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 17
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4812 Palmer ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha E Ridgely

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Guilford S Ridgely

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) May 15 - 1861

8. AGE: Years 80 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

12. Name Josiah Sullivan

13. Birthplace Md

14. Maiden Name Ellen Stansbury

15. Birthplace Md

16 (a) Informant Mrs Raymond Crumbacker

(b) Address 4812 Palmer ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/42 (month) (day) (year)

(c) Cemetery or crematory Hampstead
Location Hampstead, Md

18 (a) Funeral director Edw C Tipton

(b) Address Hampstead Md.

19 (a) FEB 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Feb 4 1942
and that I last saw h Pr alive on Feb 4 1942

Immediate cause of death — Duration

Asphyxiation, Food Bolus — 3 Minutes

Due to Coronary Sclerosis, Senility

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ND
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J Meeks

Address 516 Park Hgts Date signed Feb 8 42

88876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. E 88876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Baltimore Fountain Hotel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Stratton

3 (b) If veteran, name war

3 (c) Social Security Account No. 298-07-9037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1890

8. AGE: Years	Months	Days	If less than one day
52 ~~50~~		10	hr. min.

9. Birthplace Detroit, Mich. (Town, county, and state)
10. Usual Occupation Linotype Operator
11. Industry or business Balto. News-Post

FATHER
12. Name George Preston
13. Birthplace England

MOTHER
14. Maiden Name ?
15. Birthplace England

16 (a) Informant Mrs. Nellie W. Stockton
(b) Address 5619-2nd St. Wash. D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Glenwood Cem.
Location Washington, D. C.

18 (a) Funeral director W. W. Chambers Co.
(b) Address Washington, D. C.

19 (a) FEB 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1942, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1941 to 2/6 1942 and that I last saw h[illegible] alive on 2/6 1942.

Immediate cause of death

Tuberculous Pneumonia (Acute, Chronic)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at Work?
(e) Means of injury

23. Signature L. M. Thompson
Address St Joseph's Hospital Date signed 2/6/42

VS 8

88877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B F 88877

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Division & Orleans Sts
(c) Hospital or institution: U.S. Public Health Service Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1715 Glyndon Ave (If rural give location)
Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME William H King

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 703-05-7860

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ollie F King
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): May 18 1877

8. AGE:

Years	Months	Days	If less than one day
67	8	18	hr. min.

9. Birthplace: Baltimore (City, county, or foreign country) Md
10. Usual Occupation: Night Watchman
11. Industry or business: Central Parking Lot Co

FATHER
12. Name: Lewis F King
13. Birthplace: Md

MOTHER
14. Maiden Name: Funkhouser
15. Birthplace: Md

16 (a) Informant: Mrs Ollie F King
(b) Address: 1715 Glyndon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 9 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto Co Md

18 (a) Funeral director: C H Donovan
(b) Address: 1003 W Baltimore St

19 Filed by registrar: FEB 6 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-5 1942 at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h[illegible] alive on 2-5 1942

Immediate cause of death: Carcinoma of Bladder (Urinary)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Carcinoma of Bladder
of autopsy: [illegible]

Duration

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature: Harry Tolmeneer M. D.
Address [illegible] Date signed 2-5-42

F 88878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 88878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 974 Franklintown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 974 Franklintown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clellie E. Sims

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-7294

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William R. Sims
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 10, 1873

8. AGE: Years	Months	Days	If less than one day
68	1	6 24	hr. min.

9. Birthplace Bay City, Michigan (Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business

FATHER
12. Name Peter Daniels
13. Birthplace Michigan

MOTHER
14. Maiden Name Mabel Stevens
15. Birthplace Michigan

16 (a) Informant Mrs. Catherine Bailey
(b) Address 702 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. Murray
(b) Address 1600 W. Baltimore St.

19 FEB 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1942, at 2.45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4th 1942 to Feb. 4th 1942 and that I last saw her alive on Feb. 4th 1942.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration 3 7/24

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Johnderwood
Address 1136 Poplar Grove St Date signed 2/5/42 M. D.

A. L. Wollenweber, M.D.

VS 3

88879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3

F 88879

Registered No. 3678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 W. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Sye

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 13 1900

8. AGE: Years	Months	Days	If less than one day
41	11	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Work

FATHER
12. Name Robert Sye
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Thomas
15. Birthplace Maryland

16 (a) Informant Mrs Sarah Sye
(b) Address 1122 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location A. A. Co.

18 (a) Funeral director Sandy N. Chaney Son
(b) Address 638 N. Gilmor St.

19 FEB 6 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2—6—1942, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20—1941, to 2-6—1942, and that I last saw her alive on 2—5—1942.

Immediate cause of death Carcinoma Uteri — Duration 3yrs
Due to
Due to
Other Conditions None Known

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1024 N. Strieker St. Date signed 2-6-42

VS 3

88880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88880

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 Spaulding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Spaulding Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Knopp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick C. Knopp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 18, 1879

8. AGE: Years	Months	Days	If less than one day
62	3	18	hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Michael Hopkins
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr Albert D. Knopp
(b) Address 3511 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director John J. Corcoran & Son
(b) Address 901 Hollins St.

19 (a) FEB 7 - 1942 (Date received by registrar) Huntington Williams, M.D. Address 900 W. Lombard St. Date signed 2/5/42

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5 1942 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 5 1942 and that I last saw her alive on Feb 5 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 4 day

Due to Hypertensive Heart Disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ROCHESTER, IND
23. Signature H. Huntington Williams M.D.

VS 3

F 88881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88881 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave.
(c) Hospital or institution:
N. M. Carroll Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

161

3 (a) FULL NAME ALBERT ADAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
87 86			hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Adams
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Mary Allen
15. Birthplace W. Virginia

16 (a) Informant Aged Home Records
(b) Address 822 N. Carrollton Ave

17 (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Wills Registrar

FEB 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1942 19 , at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942 to 2-5 1942
and that I last saw h[illegible] alive on 2-5 1942

Immediate Cause of death
Cerebral Hemorrhage — Duration 2 Days
Due to Hypertension — ?
Due to
Other Conditions Generalized Arteriosclerosis?
Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Mossenden M. D.
Address 5447 Carey St. Date signed 2-6-42

F 88882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 W. West Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W. West Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CORDELIA HALL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John W. Bowley
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Mrs Viola Dixon
(b) Address 520 W. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 7 - 1942 (Entered by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1942 19 , at 12:40 P

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 19 42 to Feb 5 19 42 and that I last saw him alive on Feb. 5 19 42

Immediate cause of death Cerebral Hemorrhage
Due to Arteria Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
4 days
about
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Jos Bowley M.D.
Address 579 N. Carrollton Ave. Date signed 2/5/42

VS 3

F 88883 ✓ F 88883

1114 Hilton, ave,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank A. Hessler

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Tillie Hessler (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1873

8. AGE: Years	Months	Days	If less than one day
68	9	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Commercial Painter
11. Industry or business Individual Business

FATHER
12. Name Michael Hessler
13. Birthplace Unknown

MOTHER
14. Maiden Name ~~Kirchner~~ Kirchner
15. Birthplace Unknown

16 (a) Informant Madeline Bonhoff
(b) Address 714 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (c) Feb 7 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5th 1942 at 1 52 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15th 1941 to Feb 4th 1942
and that I last saw h alive on 19

Immediate cause of death Acute Dilatation of Heart — Duration 3 days

Due to Chronic myocarditis — 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Faulkner M. D.
Address 119 N. Mullon-ay Date signed 2/6/42

VS 8

E 88884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 P

F 88884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Mt. Holly St
(c) Hospital or institution:

15-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Mt Holly St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew N. Townsend

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-4115

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Grace Townsend
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 17th 1862

8. AGE: Years	Months	Days	If less than one day
79	10	18	hr. min.

9. Birthplace Phila Pa
(Town, county, and state)
10. Usual Occupation Retired Warehouse Foreman
11. Industry or business B & O R. R.

FATHER
12. Name Robert James Townsend
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Jane Bull
15. Birthplace Unknown

16 (a) Informant Lyle N. Wigley
(b) Address 2109 Mt. Holly St.

17 (a) Burial (b) Date thereof 2/7/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.
Huntington Williams, Md.

FEB 7 - 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5th 1942, at 1:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1941 to Feb 5 1942
and that I last saw him alive on Feb 4 1942.

Immediate cause of death
Chronic Cardio Renal
Due to Ulcer duodenum
Due to
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify whether)
(e) Means of injury
23. Signature Chas W. Palmer
Address 1935 Pyle St Date signed 2/6/42

VS 8

F 88885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

Registered No.

F 88885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Conn. Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 1021 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2-17

3 (a) FULL NAME Wm. F. Mallonee

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 216-05-7837

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence E. Mallonee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1877

8. AGE: Years	Months	Days	If less than one day
64	2	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Geo. Thomas Rubber Co.

FATHER
12. Name William Mallonee
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah M. Emrich
15. Birthplace Md.

16 (a) Informant Thos. M. Richmond
(b) Address 4201 Milford Mill Rd Pikesville Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address St. Paul & Huntington Williams, Mgr.

19 (a) FEB 7 1942 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1942 at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4, 1941 to Feb 5 1942 and that I last saw h M alive on Feb 5 1942

Immediate cause of death Congestive Heart failure & pneumonia, edema.

Duration 2 days

Due to Carcinoma of st. Lung (Bronchogenic)

Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/18/41 - 12/2/41

Major findings of operation Carcinoma of Right Lung.

Duration

Findings of autopsy Same as top above

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. I. Coffman

Address Md. General Hosp. Date signed 2/10/42 M. D.

F 88886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 88886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 N. Franklintown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 N. Franklintown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Bell Collins

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Charles W. Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11th 1876

8. AGE: Years	Months	Days	If less than one day
65	4	24	hr. min.

9. Birthplace Conemaugh, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Thompson
13. Birthplace Cambria Co. Pa.

MOTHER
14. Maiden Name Sadie M. Earhart
15. Birthplace Cambria Co. Pa.

16 (a) Informant Sadie M. Hudson
(b) Address 314 Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md
(a) Funeral director William Cook
(b) Address 1417 St. Paul St
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5th 1942, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 5 19 42 and that I last saw h alive on Feb 5 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension
Due to:
Other Conditions
(include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2029 Wilkens ave Date signed 2/6/42

VS 3

F 88887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-e

F 88887

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1353 S. Ponca St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1353 S. Ponca St (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME William W. Erdman

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Annie Erdman

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 27th 1868

8. AGE: Years 73 | Months 7 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Boiler Maker

FATHER

12. Name John Erdman

13. Birthplace Balto. Co. Md.

MOTHER

14. Maiden Name Elizabeth (Unknown)

15. Birthplace Balto. Md

16 (a) Informant Annie Erdman

(b) Address 1353 S. Ponca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore Md

18 (a) Funeral director Wm Cook

(b) Address 1367 St. Paul St

19 (a) FEB 7 - 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6th 1942 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1941 to Feb 6 1942 and that I last saw him alive on Feb 5 1942

Immediate cause of death Tracheo-Bronchial Obstruction due to carcinoma? Duration: over

Due to with Bronchial Asthma

Due to some Arterio Sclerosis mild Hypertension 1938

Other Conditions Skull Cleared

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature J. V. Cliff M.D.

Address 5010 Greenfield Date signed 2-6-42

VS 2

F 88888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No.

F 88888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Cosby

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-1321

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or wife~~ Clara B. Cosby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1885

8. AGE: Years	Months	Days	If less than one day
56	9	25	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Restaurant

FATHER
12. Name William Cosby
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Divers
15. Birthplace Md

16 (a) Informant Clara B. Cosby
(b) Address 433 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42
(month) (day) (year)
(c) Cemetery or crematory Pikes Creek
Location Near Windsor Md

18 (a) Funeral director William Cost
(b) Address 1317 E. Madison St

19 (a) FEB 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6th 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1938, to Feb 6 1942 and that I last saw h~~e~~r alive on 2/2 1942.

Immediate cause of death

	Duration
Malignant Hypertension	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. R. Goodsborough M. D.
Address 2923 St Paul St Date signed 2/9/42

VS 3

F 88889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-N F 88889 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 E. Hill St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Hill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine C. Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John P. Thornton
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1873

8. AGE: Years	Months	Days	If less than one day
68		5+	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Faulkner
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Hamilton
15. Birthplace Ireland

16 (a) Informant Mr. John P. Thornton
(b) Address 10 E Hill St

17 (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.
(a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.
(c) Huntington Williams M.D.

FEB 7 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1942, 9.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1935 to Feb 5 1942 and that I last saw her alive on Feb 5 1942

Immediate cause of death Parkinson's Disease Paralysis agitans,
Due to Carcinoma Corpus Uteri
Due to Nephritis, generalized Arteriosclerosis
Other Conditions Pleurisy

(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation: —
of autopsy: no autopsy

Duration: Not known.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M.D.
Address 107 East West St Date signed Feb 10 1942

F 88890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88890

Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 Lyndhurst St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Lyndhurst St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

DOT

3 (a) FULL NAME E. May Chilcote

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1871

8. AGE: Years	Months	Days	If less than one day
70	1	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. A. Chilcote
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine M. Moore
15. Birthplace Ky.

16 (a) Informant Mrs. Paul Taylor
(b) Address 310 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Little
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by reg.) (b) Huntington Wilson Registrar

FEB 7 1942

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5/42 19 , at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1942 to Feb 5 1942 and that I last saw her alive on Feb. 5 1942

Immediate cause of death Myocardial Degeneration — Duration 1 year
Due to Chr. Inst. Nephritis — 4 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard C. Todd M. D.
Address 735 N. Fulton Ave. Date signed 2/6/42

F 88891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 88891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Sinai Aged Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Metzger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Samuel Metzger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1870

8. AGE: Years	Months	Days	If less than one day
71	9	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER

12. Name Amos Stern
13. Birthplace Germany
14. Maiden Name Julia —
15. Birthplace Germany

16 (a) Informant Mrs. M. L. Fech,
(b) Address 2011 W. Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.
18 (a) Funeral director King Sondheimer Son
(b) Address 902 Eutaw Place
19 FEB 7 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942, to Feb. 5 1942, and that I last saw her alive on Feb 5 1942.

Immediate cause of death Cardiac failure
Pulmonary Edema,
Due to Coronary Disease
Due to Coronary occlusion

Other Conditions	Duration
Diabetes mellitus	
Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Kenneth Landau M. D.
Address Sinai Hosp Date signed 2/6/42

VS 1

M. D. B. 1262-b

F 88892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88892

CERTIFICATE OF DEATH

115 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1169 N. Mount St. 19-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lucy Jones Mondell

(a) Residence: No. 1169 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Mondell

6. DATE OF BIRTH (month, day, year) March 7, 1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bims George Co. Md.

FATHER

13. NAME John Shannon Jones

14. BIRTHPLACE (city or town) (State or country) Elizabeth City N. C.

MOTHER

15. MAIDEN NAME Lilly Carter

16. BIRTHPLACE (city or town) (State or country) Va Culpeper

17. INFORMANT Rosie J. Johnson

(Address) 116 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Feb. 7, 1942

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 1942 Schroeder St

20. FILED FEB 7 1942, Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1942 to Feb. 4, 1942

I last saw her alive on Feb. 4, 1942 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic tonsilitis	2/1/42

Other contributory causes of importance:

6 hr. Vol. H. D.

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. S. Taylor M. D.

(Address) 1522 Harlem Ave

M. D. B. 1908-9

88893 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 88893

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Franklin St. Ward 3)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Eli Burroughs

(a) Residence: No. 826 Franklin St. Ward No. 3 Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Burroughs

6. DATE OF BIRTH (month, day, year) Mar-15-1886

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
56	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary E. Burroughs (Address) 826 Franklin St

18. BURIAL, CREMATION, OR REMOVAL Place Burial Mt. Auburn Feb 7, 1942

19. UNDERTAKER Mrs Katie A. Williams (Address) 32 Schroeder St

20. FILED FEB 7 - 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1942 to Feb 5, 1942

I last saw him alive on Feb 4, 1942 Death is said to have occurred on the date stated above, at 1.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Hans C. Hagner M. D.

(Address) 3027 Calvert

F 88894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - F 88894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Charles (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Morrison (John Wilbur Morrison)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Abbie Fairchild

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1866

8. AGE: Years 75 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Balt. Maryland (town, county, and state)

10. Usual Occupation Retired B & O Clerk

11. Industry or business

FATHER
12. Name Robert D. Morrison
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary F. Mulley
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Marjorie Morrison
(b) Address 908 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick & Loudon Aves.

18 (a) Funeral director H. W. Meaux & Son
(b) Address 805 North Calvert Street

19 (a) FEB 7 - 1942 (Registered by registrar) (b) Filed Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5/42 19 , at 5 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3 1942 to 2/5 1942, and that I last saw h[illegible] alive on 2/5 1942.

Immediate cause of death Uremia — Duration

Due to arterial sclerotic cardio vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. I. Coffman M. D.
Address Md. General Hosp. Date signed 2/5/42

VS 3

F 88895 ✓ F 88895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Christian St (If rural give location)
(e) If foreign born, how long in U. S. A.? (40) years

3 (a) FULL NAME Mr. Michael Renner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Renner

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug 14-1873

8. AGE: Years 68 | Months 5 | Days 20 | If less than one day — hr. — min.

9. Birthplace HUNGARY (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business RETIRED

12. Name of father Peter Renner

13. Birthplace Hungary

14. Maiden Name of mother Eva Tif

15. Birthplace Hungary

(a) Informant Marie Renner

(b) Address 1914 Christian St

(a) BURIAL (b) Date thereof 2/9/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park [redacted]

Location Baltimore City

(a) Funeral director F. D. Wolfgang & Son

(b) Address 1300 Eutaw Place

(c) FEB 7 — 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6- 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942 to 2-6 1942 and that I last saw h[illegible] alive on 2-5 1942

Immediate cause of death: Heart Failure — Duration: 2 weeks ?

Due to: Arteriosclerotic Heart Disease — ?

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 2-6-42

VS 3

F 88896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 88896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days) 63yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Hayward Ave (If rural, give Route No.)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph N. Bronner
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-12-3499

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Edith Bronner
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) May 12, 1877
8. AGE: Years 64 Months 8 Days 23 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Ex- salesman
11. Industry or business

FATHER
12. Name Charles Bronner
13. Birthplace New Jersey

MOTHER
14. Maiden Name Emma Shearin
15. Birthplace Virginia

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-1942 (month) (day) (year)
(c) Cemetery or crematory Loudoun Park
Location Baltimore Maryland

18 (a) Funeral director A. B. Hilpert & Son
(b) Address 1300 Eutaw Place

19 (a) Filed [illegible] 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5/42 19 at 7 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2/42 19 to 2/5/42 19, and that I last saw h[illegible] alive on 2/4/42 19

Immediate cause of death
Congestive Hrt. failure — Duration 1 wk

Due to

Due to

Other Conditions Emphysema & chronic bronchitis — 10 yrs +
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Emphysema, st. gated [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 2/6/42

VS 3

F 88897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 N. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 N. Baltimore St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Cole

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John L. Cole
6 (c) If alive, give age Dec'd years

7. Birth date of deceased (mo., day, yr.) 2/16/[illegible]

8. AGE: Years	Months	Days	If less than one day
73 76	11	17.	hr. min.

9. Birthplace Baltimore City, (Town, county, and state)
10. Usual Occupation House work
11. Industry or business Own Home

FATHER
12. Name John H. Cole
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant John L. Cole - Son
(b) Address 37 N. Catherine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42. (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Maryland
(a) Funeral director C. R. Hilpert & Son
(b) Address 1300 Eutaw Pl.

(a) FEB 7 — 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3/42 19 . at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-42 19 , to 2-3- 19 42. and that I last saw her alive on 2-2 19 42.

Immediate cause of death Acute cardiac dilatation — Duration 2 days
Due to Hypertension Chronic myocarditis — 10 yrs
Due to Senility.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 11 N. Eaton Date signed 2/6/42

Dr Calas.

(over)

88898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 Registered No. F 88898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 Vine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wornington T Taylor (Birth F-37076)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1941

8. AGE: Years	Months	Days	If less than one day
	3	25 24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Taylor
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Dolores Brown
15. Birthplace Balto. Md.

16 (a) Informant Dolores Taylor
(b) Address 1026 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.
(a) Funeral director Charles H. Corbas
(b) Address 514 N. Calhoun St.

FEB 7 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5th 1942 at 11:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Enlarged Thymus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/6/42

VS 6

88899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e Registered No. E 88899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-9-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 N. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Milauskiene

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Margaret Yuskauskas
(b) Address 2543 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.
(a) Funeral director Bernard P. Harle
(b) Address 121 E West St

(Date rec'd by Registrar) FEB 7 — 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7- 1942, at 2.20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Fractured Skull	
Crushed Chest	
Due to	
Due to	
Other Conditions Multiple, simple & compound fractures; Laceration of lungs; Fracture of pelvis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-7-42 at 1 A.M.
(c) Where did injury occur? Fayette & Arch Streets
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Cleveland M.D.
Medical Examiner.
Date signed 2-7-42

VS 6

88900 HEALTH DEPARTMENT—CITY OF BALTIMORE 88900

CERTIFICATE OF DEATH 56-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 BURGUNDY 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GERTRUDE I. CLEM

(a) Residence: No. 1104 BURGUNDY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EDGAR CLEM.

6. DATE OF BIRTH (month, day, year) JAN 27 - 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	109	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME CHARLES WEINER

14. BIRTHPLACE (city or town) (State or country) VIRGINIA.

MOTHER

15. MAIDEN NAME KATHARINE WEAVER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT EDGAR CLEM.
(Address) 1104 BURGUNDY ST

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date FEB - 9 19 42

19. UNDERTAKER Bernard C. Hanle
(Address) 121 E West St

20. FILED FEB 7 - 1942 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 2nd, 1942

I HEREBY CERTIFY, That I attended deceased from 1/19/42 to 2/6/42

I last saw h[illegible] alive on 2/1/42 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pericarditis	2/6/42
Other contributory causes of importance Lung & Ovarian Cyst	1 yr

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Lawnitz M. D.

(Address) 679 W Arlington Blvd

F 88901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 × F 88901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Bath
(c) City or town Hot Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Walker Johnson

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Evelyn Brill Johnson
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Hot Springs Va (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER — 12. Name Clark Johnson
13. Birthplace W Va

MOTHER — 14. Maiden Name Cassie Dell
15. Birthplace Falling Springs, Va

16 (a) Informant Eugene A. Hart
(b) Address Hot Springs Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 8-42 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Hot Springs Va.
(a) Funeral director C. Pemberton
(b) Address 1600 Hollins St

17 (c) Date received by Local Reg. FEB 8 1942 (b) Huntington Williams M.D. Local Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1942 at 1.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest: Injury thereof and from the evidence (Autopsy or Inquiry)
obtained by said Inquest: Injury and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Decapitation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 23/1
(a) Accident, suicide, or homicide Accident?
(b) Date of occurrence 2-1-42 at 1.30 A.M.
(c) Where did injury occur? B-O R.R. Tracks (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Run over by Railroad Car
23. Signature Howard J. Maddux M.D. Medical Examiner.
Date signed 2-8-42

VS 6

over

F 88902

F 88902

BALTIMORE CITY HEALTH DEPARTMENT

RC(71661) CERTIFICATE OF DEATH 13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Holbrook Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Greenlow

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1887

8. AGE: Years	Months	Days	If less than one day
54	6	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation B.C. St Cleaner
11. Industry or business

12. Name Henry Greenlow
13. Birthplace Maryland
14. Maiden Name Margaret Mulcrone
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.
(a) Funeral director Henry Hoeck & Sons Inc
(b) Address 1301 E. Eager St.
(c) Date received 2-10-1942 Registrar Huntington Williams, M.D. Registrar

2-8-1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1942, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1942, to 2/6 1942, and that I last saw h[illegible] alive on 2/6 1942.

Immediate cause of death	Duration
Pulmonary Tbc	1 year
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.H. Greenberg M. D.
Address Baltimore City Hospitals Date signed 2/3/42

F 88903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F

Registered No. F 88903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere ave
(c) Hospital or institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 N. Bentalou st (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

15

3 (a) FULL NAME Hetta Ashkefeld

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F.
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Samuel Ashkefeld
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

MOTHER / FATHER
12. Name Max J. Sherman
13. Birthplace Russia
14. Maiden Name Annie L. Sherman
15. Birthplace Russia

16 (a) Informant Mrs Irving Cohen
(b) Address 1909 Ruxton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery [redacted] Anai Israel Cong
Location Lytham ave

(a) Funeral director Jack Levi Frey
(b) Address 1439 E. Balto st

FEB 8 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6-42 19 . at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 .
and that I last saw h alive on 2-6 1942.

Immediate cause of death Carcinoma right foot — Duration Feb 1941
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Amputation R leg Sinai Hosp Sept. 11, 1941
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Lwindale Date signed 2/10/42

Filed by registrar

VS 2

F 88904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 88904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15th
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Robert Lubitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-6116

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1915

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation News - Vendor

11. Industry or business

FATHER
12. Name Philip Lubitz
13. Birthplace Russia

MOTHER
14. Maiden Name Sara Lubitz
15. Birthplace Russia

16 (a) Informant Next of kin - Mercy Hosp.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-42 (month) (day) (year)
(c) Cemetery Woodlawn Location Rosedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1496 E. Balt St.

(c) FEB 8 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6- 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1942 to Feb 6 1942 and that I last saw him alive on Feb 6 1942

Immediate cause of death: Massive Cerebral Hemorrhage. — Duration 2½ hrs

Due to: Malignant Hypertension — Hypert. 5 yrs.

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Tracy N. Spencer M.D.
Address Mercy Hosp. Date signed 2/6/42

VS 3

F 88905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 88905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Appleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Hyman Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-4114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Jean Weinberg
(b) Address 1639 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124 W. North ave

19 (a) FEB 8 - 1942 (Filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1942 at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1942 to 2-6 1942, and that I last saw h alive on 2-6 1942.

Immediate cause of death

Due to Coronary thrombosis — Duration: 1 day

Due to Generalized arteriosclerosis — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Jacobs M. D.

Address WBJH Date signed 2-8-42

VS 3

F 88906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 88906

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 E Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

1041

3 (a) FULL NAME Mollie Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70 69			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Hyman Ladenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Esther ?
15. Birthplace Russia

16 (a) Informant Solomon Bernstein
(b) Address 910 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location Jerusalem Mill Road,
(a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave
(a) Huntington Williams M.D. Registrar
(Date received) FEB 9 1942

VS 3

MEDICAL CERTIFICATION 8.30

20. DATE OF DEATH February 7, 1942 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1942 to 2/7 1942 and that I last saw h[illegible] alive on 2/1 1942.

Immediate cause of death

Heart disease
Due to arteriosclerosis

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
Years
Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 130 E Chase Date signed 2/9/42

F 88907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. F 88907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Carolina St (If rural, give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country —

3 (a) FULL NAME PETER A. MANGAN

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret McGuire
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1871

8. AGE: Years	Months	Days	If less than one day
70	7		— hr. — min.

9. Birthplace Pikesville Md. (Town, county, and state)
10. Usual Occupation Asst. Distributor
11. Industry or business Retired

FATHER
12. Name Patrick Mangan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Carlos
15. Birthplace Ireland

16 (a) Informant Mrs. Mary McGuire
(b) Address 1825 N. Carolina St

17 (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director George J. Toth & Son
(b) Address 1785 Hanford Ave
(c) — (Date rec'd by Registrar) Harrington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1942, at 12 3.0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1942 to Feb 7 1942 and that I last saw him alive on Feb 7 1942

Immediate cause of death Sanguis of Intestine

Due to Volvulus

Due to —

Other Conditions Senatrijed Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation Feb. 6, 1942
Major findings of operation As above.
of autopsy As above

Duration 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Hingle M.D.
Address St Joseph's Hosp Date signed 2/7/42

F 88908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 88908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PHYLLIS A SHARPE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1941

8. AGE: Years	Months	Days	If less than one day
	2	13	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER FATHER

12. Name Wm Sharpe

13. Birthplace N Va

14. Maiden Name Dorothy Myers

15. Birthplace Ohio

16 (a) Informant Mrs Wm Sharpe

(b) Address 403 N Fulton Ave

17 (a) Removal (b) Date thereof 2-5-42 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Portsmouth

Location Portsmouth Va

(a) Funeral director Geo A Farley

(b) Address Fulton & Fayette Sts

(a) (b) Huntington Williams M.D. Reg. Registr

Date received 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8th 1942 at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxia — Duration

Due to Aspiration of Vomitus

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 2-8-42

VS 6

F 88909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

117-B

F 88909
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Wilmore Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Dellman

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John A.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-13-1882

8. AGE: Years	Months	Days	If less than one day
59 58	9	24 23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Annie Regal
(b) Address 1136 Wilmore Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pedra ave

19 (a) FEB 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/9 19 41 to 2/6 19 42 and that I last saw h[illegible] alive on 2/6 19 42

Immediate cause of death Intestinal obstruction & Peritonitis — Duration

Due to Ruptured duodenal ulcer

Due to

Other Conditions Calcified uterine fibroids (Include pregnancy within 3 months of death)

Date of operation 1/30

Major findings of operation same

of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address University Hosp Date signed 2/6/42

VS 3

F 88910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 88910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division st
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 771 George St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Greene

3 (b) If veteran, name war —
(c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	C	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 4-18-1893

8. AGE: Years	Months	Days	If less than one day
48	9	20	hr. 19 min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Elijah Tucker.
13. Birthplace Va.

MOTHER
14. Maiden Name Charity ?
15. Birthplace Va.

16 (a) Informant William Green
(b) Address 771 George st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Anna Arundel County Md
(a) Funeral director William A Jackson
(b) Address 916 Penna. ave

FEB 8 — 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1942 at 7 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1942 to Feb. 7 1942
and that I last saw [illegible] alive on Feb. 7 1942

Immediate cause of death Mitral Insufficiency — Duration 2 months
Due to Hypertension — Duration [illegible]
Due to Cardiosclerosis — Duration [illegible]
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Redding
Address Provident Hosp. Date signed 2/7/42

VS 8

F 88911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

F 88911

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver 46

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or Town Baltimore (If outside city or town limits, write RFD, and give town)

(d) Street No. 531 W. Lafayette ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel Long

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1901

8. AGE: Years	Months	Days	If less than one day
41	1	3	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Barber.

11. Industry or business

FATHER

12. Name unknown

13. Birthplace

MOTHER

14. Maiden Name unknown

15. Birthplace

16 (a) Informant Ruth Brown

(b) Address P.O. Box 705 Falls Church Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A.A. County Md

18 (a) Funeral director William A Tarbourn

(b) Address 916 Penna ave

(c) Date received by registrar 2-9-1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1942, at 12:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1942 to 2/4 1942 and that I last saw him alive on 2/4 1942

Immediate cause of death Congestive Failure

Due to Malignant Hypertension

Due to Cardio-Vas-Dis

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

Duration
1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. D'Augustus

Address St Joseph's Hospital M.D. Date signed 2/4/42

VS 2

F 88912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 88912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilson Bayard

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lottie Bayard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Grace Blackstone
(b) Address 1708 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave Huntingtown Williams, Inc.

19 (a) 2-8-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1942 to Feb 6 1942 and that I last saw him alive on Feb 6 1942

Immediate cause of death: Acute myocarditis — Duration 2-1-42
Cardiac
Due to: Arteriosclerosis
Due to: Chronic nephritis — Unknown
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. H. Pendleton M. D.
Address 1632 Druid Hill Ave Date signed 2-6-42

VS 3

F 88913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 E. 33rd Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 E. 33rd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick L. Herzer

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Gustav Herzer Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1857

8. AGE: Years	Months	Days	If less than one day
84	10	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Pfitzenmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Augusta Herzer (Daughter)
(b) Address 302 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light Street.

FEB 8 – 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/38 19 to 2/5/42 19 and that I last saw h[illegible] alive on 1/4/42 19

Immediate cause of death Uremia — Duration 1 mo

Due to Hypostatic Pneumonia — Duration 1 wk

Due to Hypertrophic Degeneration of Prostate — Duration 4 yrs

Other Conditions + Cachexia + Senility — Duration 1 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Herrmann M.D.
Address 1102 E. 33 rd St Date signed 2/7/42

VS 3

F 88914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131

Registered No. F 88914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 602 E Fort Ave. (If rural give location)
Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Ruben McQuay

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Married.

6 (b) Name of husband or wife Fannie B. McQuay
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) ? ? 1873

8. AGE: Years	Months	Days	If less than one day
69 68	?	?	hr. min.

9. Birthplace Talbot Co., Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Ferry Boat Co.

FATHER
12. Name Daniel McQuay.
13. Birthplace Bozman, Md.

MOTHER
14. Maiden Name Elizabeth James
15. Birthplace Bozman, Md.

16 (a) Informant Clifton McQuay (Son).
(b) Address Bozman, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Church
Location Bozman, Md.

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1405 Eutaw Place

19 (a) Date received (Do not write below this line) FEB 8 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1942 at 10 39 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1942 to 2-7 1942 and that I last saw him alive on 2-7 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension associated with	10 yrs
Due to Cardio-renal vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. T. B. Anderson
Address U.S. Marine Hospital Date signed 2-8-42

F 88915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

F 88915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dott
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1157 Ellwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Simms, Jr. (Birth F 39658)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14 1941

8. AGE: Years | Months: 9 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Balto md. (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER
12. Name: William J. Simms
13. Birthplace: md

MOTHER
14. Maiden Name: Patty Martin
15. Birthplace: N. Carolina

16 (a) Informant: Grace Simms
(b) Address: 557 Oxford st.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2-9-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location

18 (a) Funeral director: Adolphus Halstead
(b) Address: 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 6 19 42 at 6.30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pituitrin hemorrhage
Due to: acute enlarged thymus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D. Medical Examiner.
Date signed 2/6/42

VS-4

F 88916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-0 F 88916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1542 Penna. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 Pennsylvania Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John L. Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Roxanna E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1856

8. AGE: Years	Months	Days	If less than one day
85	5	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Machinest
11. Industry or business

FATHER
12. Name John T. Summers
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Turner
15. Birthplace Baltimore Md.

16 (a) Informant W. L. Summers
(b) Address 1542 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Baltimore Md.

18 (a) Funeral director Jamie Cook Syfer
(b) Address 1600 W. North Ave.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1942 at 3 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1941 to Feb 6 1942 and that I last saw him alive on Feb 6 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs

Due to Arteriosclerosis — Duration 2 yrs

Due to Chronic Nephritis — Duration 6 mos

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Summers
Address 1542 W. Pennsylvania Ave Date signed 2/9/42

F 88917 JN 43732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 88917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Moninszako

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Unknown
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)? ? 1871
8. AGE: Years 71 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland ?

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Guilford Ave. & Baltimore Md.
18 (a) Funeral director John J. Fahey Home
(b) Address 1316 Light St.
(c) Huntington Williams, M.D. (Signature of local registrar)
FEB 8 1942 (Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1942, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1934, to 2-5 1942, and that I last saw h~~im~~ alive on 2-5 1942.

Immediate cause of death: Intestinal Obstruction — Duration: 1 wk

Due to Ventral Hernia — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-3-42

Major findings of operation: Ventral Hernia with Intestinal Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Hebb M. D.
Address Balto City Hosp Date signed 2-7-42

F 88918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution:
Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 W. Franklin (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Addie Bunbar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1874

8. AGE: Years	Months	Days	If less than one day
67 68	11	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic worker
11. Industry or business

FATHER
12. Name Richard Walker
13. Birthplace Virginia

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Virginia

16 (a) Informant Son
(b) Address 1423 W. Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1681 Druid Hill Ave.

19 (a) Filed FEB 8 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1942, at 9:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Feb 5 1942 and that I last saw her alive on Feb 5 1942

Immediate cause of death Coronary Embolism

Due to Generalized Coronary sclerosis

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation Jan 5, 1942

Major findings of operation: Partial fracture of lateral aspect of head of femur

of autopsy:

Duration
2 days
?
over ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Le Shuntar
Address Mercy Hosp Date signed 2/7/42

7-10 37B 88919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

42 E 38919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Randalstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Hosey —

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-20

8. AGE: Years	Months	Days	If less than one day
21	4	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation College Student —
11. Industry or business

FATHER
12. Name Walter Hosey
13. Birthplace Md —

MOTHER
14. Maiden Name Bessie Johnson
15. Birthplace Md —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory St. Charles
Location Pikesville, Md.

18 (a) Funeral director Mrs. Geo. H. Kelland
(b) Address 16 31 Druid Hill Ave.

19 (a) Filed FEB 8 — 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1942 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to Feb 6 1942 and that I last saw her alive on Feb 6 1942.

Immediate cause of death: Aspiration — Duration: 1 min.
Due to: Progressive muscular atrophy — 7 mos.
Due to: — over
Other Conditions: Pneumonia type 3
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Hinman Jr. M. D.
Address J. Hopkins Hosp. Date signed 2-6-42

F 88920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SB 12th Light Sts
(c) Hospital or institution: South Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Intake
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Kraft

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-05-1853

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 1st 1875

8. AGE: Years	Months	Days	If less than one day
66	3	5	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FAMILY
12. Name George Kraft
13. Birthplace Germany
14. Maiden Name Louisa Amen
15. Birthplace Germany

16 (a) Informant Mrs Augusta Kraft
(b) Address 2225 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery ~~co-cemetery~~ Mt Carmel
Location Balto. Md.

(a) Funeral director William Cook
(b) Address 617 St. Paul St
(c) Registered (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1942, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1942, to 2/6 1942, and that I last saw h~~e~~ alive on 2/6/42 19—.

Immediate cause of death: Bronchopneumonia — Duration 2 days
Due to Cerebral Hemorrhage — 1 week
Due to Hypertensive - arteriosclerotic cardio-vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein, M.D.
Address 6 E. Balto. Gen. Hosp. Date signed 2/6/42

VS 8

F 88921 F 88921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Plymouth Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5313 Plymouth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Gettier

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Edward Leon Gettier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1868

8. AGE: Years	Months	Days	If less than one day
74	0	28	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown Miller
13. Birthplace England

MOTHER
14. Maiden Name "
15. Birthplace England

16 (a) Informant Raymond Gettier
(b) Address 5313 Plymouth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 527 St. Paul St

FEB 8 1942 Registered by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1927 to Feb. 6 1942 and that I last saw h[illegible] alive on Feb. 3 1942

Immediate cause of death	Duration
Acute Coronary Thrombosis	1 day
Due to Myocarditis Chronic	10 yrs.
Arteriosclerosis & Hypertension	10 yrs.
Due to Chr. Pyelonephritis	10 yrs.
Encephalomalacia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Schlenger, M.D.
Address 3034 E Baltimore St Date signed 2/7/42

VS 8

F 88922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-6

F 88922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto Fullerton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Rd + Decker Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel P. Seluzetsky

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Stephen Seluzetsky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1902

8. AGE: Years 39 | Months 11 | Days 23 | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Theodore Progodich
13. Birthplace: Russia

MOTHER
14. Maiden Name: Markamon
15. Birthplace

16 (a) Informant: John Seluzetsky Fullerton
(b) Address: Belair Rd + Decker Ave
17 (a) Burial (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Parkville Md.
18 (a) Funeral director: William Cook
(b) Address: 1217 E. Pearl St
19 (Date received) FEB 9 - 1942 (Registrar's signature) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24, 1941 to Feb 7, 1942 and that I last saw her alive on Feb 7, 1942.

Immediate cause of death: Carcinoma of Descending Colon with Generalized Metastasis — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Nov 13, 1941
Major findings of operation: Carcinoma descending Colon
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury LUMPKIN

23. Signature: William R. Lumpkin
Address: Md General Hosp. Date signed 2/8/42 M D

VS 1

F 88923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 88923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Evans Chapel Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Evans Chapel Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

79

3 (a) FULL NAME William George Bowers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha Bowers
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Nov 8-1862

8. AGE: Years	Months	Days	If less than one day
79	2	28	hr. min.

9. Birthplace Fredrick, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Bowers
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary E. Covington
(b) Address 4310 Evans Chapel Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore - Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road.

19 FEB 9 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1942 to Feb. 6 1942; and that I last saw him alive on Feb 6 1942

Immediate cause of death	Duration
Coronary Thrombosis	1 hour
Due to Arteriosclerosis	10 yrs.
Due to Age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sherman K. Brantz M. D.
Address 2601 Monhattan Ave Date signed 2/7/47

V8 8

D. T. Maldeis, M.D. rec phys

F 88924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-2 F 8924

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Saulsbury Short

3 (b) If veteran, name war 1st World

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 9 - 1893

8. AGE: Years 48 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Attorney

11. Industry or business

FATHER
12. Name Wm. S. Short
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Saulsbury
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Louise B. Short
(b) Address Shepherdstown, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location 3801 Frederick Ave.

18 (a) Funeral director John O. McDonald & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) FEB 9 - 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 - 1942 at 11.51 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage of Brain — **Duration**

Due to

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2 - 6 - 42 at 6.15 P. M
(c) Where did injury occur? 38 E. 25th St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted wound of temple.

23. Signature Howard J. Merkel M.D. Medical Examiner.
Date signed 2-7-42

VS 6

F 88925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 88925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Lakeview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME LENA HAHN (Lina Hahn)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9, 1877
8. AGE: Years 64 | Months 6 | Days 29 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER'S FATHER'S
12. Name David Gebamberg
13. Birthplace Germany
14. Maiden Name Adelaide Rubenstein
15. Birthplace Germany

16 (a) Informant Mrs. Fritz Hahn
(b) Address 2427 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.
(a) Funeral director David Gamburg & Son
(b) Address 902 Eastern Ave
(a) FEB 9 1942 Huntington Williams, M.D. (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1942 19 , at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1941, to Feb 8, 1942, and that I last saw h[illegible] alive on Feb 8, 1942.

Immediate cause of death MYOCARDIAL INFARCTION — Duration: [illegible]
Due to Carcinoma of bladder — Duration: [illegible]
Due to — Duration: over
Other Conditions Diabetes mellitus — Duration: [illegible]
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of bladder
Of autopsy Myocardial infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Cohen M. D.
Address Sinai Hosp. Date signed 2/8/42

F 88926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88926 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Kennedy Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma V. Emmart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 10-1853

8. AGE: Years: 91 | Months: 10 | Days: 28 | If less than one day: hr. min.

9. Birthplace: St. Louis (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

MOTHER / FATHER

12. Name: Charles Cumberland

13. Birthplace: New York

14. Maiden Name: Don't Know

15. Birthplace:

16 (a) Informant: Miss Emma Emmart

(b) Address 2810 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director John H. Valentine

(b) Address 2326 Aisquith St.

(a) FEB 9 - 1942 (Date received by registrar) Huntington Williams H.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1942 at 4:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 5 1942 to Feb 7 1942 and that I last saw h (e) alive on Feb 7 1942.

Immediate cause of death: Bronchio-Pneumonia

Due to: Senility

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration of Illness: 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: James J. White

Address 5214 Harford Date signed 2/7/42

F 88927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88927 Registered No.

1. PLACE OF DEATH: 1347 Hand Street
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Hand Street (If rural give location)
(e) If foreign born, how long in U. S.? years

3 (a) FULL NAME Mrs Mabelle Brown (Mrs)
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carl Mack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19 1921

8. AGE: Years 20 | Months 22 | Days 5 | If less than one day hr. 17 min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Va

MOTHER
14. Maiden Name Elsie Thompson
15. Birthplace Balto. Md.

16 (a) Informant William Brown
(b) Address 1347 W Hand St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-9-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Md.

18 (a) Funeral director Chas. B. Davis
(b) Address 1538 W Harmony St.

19 FEB 9 – 1942 Huntington Hill
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/1942 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6/42 to 19 . and that I last saw h alive on 2/6/1942.

Immediate cause of death
Pneumonia
Due to Generalized Peritonitis
Due to Streptococcus
Other Conditions Cancer of Uterus

Duration
own

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. J. Kaufhold
Address 526 S. Carey St. Date signed 2/9/42

F 88928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-M

F 88928

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5800 Greenhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Kuhn (Birth F-43648)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-3-42

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name FREDERICK KUHN
13. Birthplace BALTO., MD

MOTHER
14. Maiden Name Mildred ARNDT
15. Birthplace Balto, Md

16 (a) Informant Mother
(b) Address 5800 Greenhill Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rd. Location Germantown Road

18 (a) Funeral director S. S. Hollingsworth
(b) Address
(c) FEB 9 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1942 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942 to 2-3 1942 and that I last saw him alive on 2-3 1942

Immediate cause of death: Absence of pancreas abdominal wall (organ) — Duration: 1hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Deborah D. Tappelauer
Address [redacted] N. Carolina St. Date signed 2-3-42

VS 3

F 88929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 88929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Westfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Westfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Katherine Thalheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Jos. F. Thalheimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 - 1857

8. AGE: Years	Months	Days	If less than one day
84	8	4	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Md
11. Industry or business At Home

MOTHER FATHER
12. Name Anton Debring
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Charles F. Thalheimer
(b) Address 2919 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

(a) Funeral director Leonard J. Pusch
(b) Address 5305 Harford Rd.

FEB 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 7 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1940 to Feb 7 1942 and that I last saw h[illegible] alive on Feb 7 1942

Immediate cause of death: Chronic Cardio Vascular Heart disease — Duration

Due to

Due to

Other Conditions Carcinoma left eye & face

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Ernest H. Ralin
23. Signature
Address 735 Oop Ave. Date signed 2/9/42 M. D.

VS 3

F 88930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 W. Fairmount Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3 (a) FULL NAME George Washington Dietrich

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-09-2695

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Jessie, Dietrich (Uptkoff)

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct. 28th 1880

8. AGE: Years 61 | Months 3 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Standard Brands Inc

FATHER
12. Name H. W. Dietrich
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma Eiermann
15. Birthplace Balto. Md.

16 (a) Informant Mrs. William Dietrich
(b) Address 2116 W. Balto. St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Balto. Md.

18 (a) Funeral director Mrs. Pitts & Son
(b) Address 2503 Edmondson Ave.

19 (a) Received FEB 9 1942 (b) Registered Huntington Wills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7th 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1942 to Feb 7 1942, and that I last saw him alive on Feb 5 1942.

	Duration
Immediate cause of death Myocardial failure	
Due to Chr. myocarditis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 112 S. St Paul St Date signed 2-9-42

V8 8

F 88931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 88931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 W. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clinton Ruehl

3 (b) If veteran, name war None

3 (c) Social Security Account No. 205-07-1513

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3- 1888

8. AGE: Years 54 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Brakeman

11. Industry or business B&O R.R.

12. Name Daniel Ruehl

13. Birthplace Baltimore Md

14. Maiden Name Rosie Seronie

15. Birthplace Washington D.C.

16 (a) Informant Rosie Seronie

(b) Address 1906 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat 10-47 (month) (day) (year)

(c) Cemetery or crematory Lauton Park

Location City

(a) Funeral director Roll C. & B. M. Walter

(b) Address Pratt & Stricker Sts

(c) FEB 9 — 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1942, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Feb. 8 1942 and that I last saw h[illegible] alive on Feb. 6 1942

Immediate cause of death — Duration
Acute myocarditis — one week
Due to Chronic Myocarditis — years
Due to Bronchial asthma — years
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Pleasant J. M.D.
Address 1904 W. Balto St. Date signed 2-8-42

VS 1

F 88932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

F 88932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Hewitt Way
(c) Hospital or institution: Armistead Gardens
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Hewitt Way (If rural give Rte. No.)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Fortenberry. (Birth F-43960)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife NEWBORN
6 (c) If alive, give age 1 day hours

7. Birth date of deceased (mo., day, yr.) 2/8/42 2:22 a.m.

8. AGE: Years NEWBORN | Months | Days 0 | If less than one day 4 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr. David Fortenberry.
13. Birthplace Forest City - N.C.

MOTHER
14. Maiden Name Miss Nancy Mayfield Brennan
15. Birthplace Unaka N.C.

16 (a) Informant Mr. David Fortenberry.
(b) Address 1000 Hewitt Way.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location Glen Burnie

18 (a) Funeral director William M. Marcus
(b) Address 715 Light St

FEB 9 1942 (b) Huntington Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1942, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1942, to 2/8 1942 and that I last saw him alive on 2/8/42 19

Immediate cause of death: Asphyxia Neonatorum — Duration 4 hrs.
Due to Fluid in lungs -
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Bontemps M.D.
Address 6045 Rodman Way Date signed 2/9/42.

VS 1

F 88933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-D F 88933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 Weaver Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Weaver Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence L. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-5566

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ada E. Smith
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1880

8. AGE: Years	Months	Days	If less than one day
62	0	16	hr. min.

9. Birthplace Wicomico Co., Md.
(Town, county, and state)
10. Usual Occupation Grocer Clerk
11. Industry or business

12. Name William Smith
13. Birthplace Wicomico Co., Md.

14. Maiden Name Clara Giles
15. Birthplace Wicomico Co., Md.

16 (a) Informant Mrs. Ada E. Smith
(b) Address 3023 Weaver Ave.,

17 (a) Burial (b) Date thereof Feb. 9, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.,
(a) Funeral director J. Howard Strong
(b) Address 715 Light St.,
(c) Feb 9 1942 (b) Huntington Williams
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6, 1942, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 4 1942, to February 6 1942, and that I last saw her alive on February 5 1942.

Immediate cause of death
Mitral Regurgitation
Decompensation — Duration 3 days
Due to Influenza — Duration 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos. Fa Stearns M. D.
Address 2878 Harford Rd Date signed 2-6-42

F 88934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88934

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pine Crest Sanitarium

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane, 6 Ward)

Registered No. 93-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 5 mos. dis. How long in U. S. If of foreign birth? yrs. mos. dis.

2. FULL NAME Freeze, Luther

If U. S. Veteran specify WAR

(a) Residence: No. 2801 Erdman Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 29-1873

7. AGE: Years 68 | Months 4 | Days 9 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1941

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Thurmont Md

FATHER

13. NAME: Joseph Lee Freeze

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Lydia Brown

16. BIRTHPLACE (city or town) (State or country): Md Unknown

17. INFORMANT: Lloyd Freeze
(Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Thurmont Date: Feb 10 1942

19. UNDERTAKER: H. L. Overgon Sons
(Address) Thurmont Md

20. FILED: FEB 9 1942 Huntington Williams M.D.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 3 1941 to Feb 7 1942

I last saw h.IM. alive on Feb 7 1942 Death is said to have occurred on the date stated above, at 7 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart dis.	?
Generalized Arteriosclerosis	?
Senility	?
Hypertension - Type?	?

Other contributory causes of importance: Prostatic Hypertrophy ? Yrs? Urinary Retention ? Yrs?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Earl Pano M. D.

(Address) 4501 Wilkens Ave

F 88935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 88935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Mosher St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Brothers Duke

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rosanna B.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1871

8. AGE: Years	Months	Days	If less than one day
70	3	YY	hr. min.

9. Birthplace Royal Oak, Talbot Co, Md (Town, county, and state)
10. Usual Occupation Telephone installer
11. Industry or business Telephone

FATHER
12. Name James A Connor Duke
13. Birthplace Suffolk, Virginia

MOTHER
14. Maiden Name Emily Jane Benson
15. Birthplace Talbot Co. Md

16 (a) Informant Rosanna Duke
(b) Address 1913 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1942 (month) (day) (year)
(c) Cemetery or crematory Loraine Park Cem
Location Baltimore Md.
(a) Funeral director Wm J. Tickerson
(b) Address North & Ave.
(a) FEB 9 — 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1942, at 2.30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 17 1940, to Feb 7 1942, and that I last saw him alive on Feb 6 1942.

Immediate cause of death	Duration
Carcinoma of rectum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec 22 1941 Feb 6 1941
Major findings of operation: Carcinoma of rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John N Barnaby M.D.
Address 1531 E North Ave Date signed 2/7/42

VS 8

40-3984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 88936
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 W North ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN O. DAVIS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife: Lillie Davis
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 9-30-88

8. AGE: Years	Months	Days	If less than one day
53	4	7	hr. min.

9. Birthplace: Milwaukee Wis.
(Town, county, and state)
10. Usual Occupation: WAITER
11. Industry or business: Hotel Work

FATHER
12. Name: BEN DAVIS
13. Birthplace: Wis

MOTHER
14. Maiden Name: ANNIE MOCK
15. Birthplace: Wis

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 9/1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto. Md.
(a) Funeral director: Wm J Tyrkus Sons
(b) Address: North Point Ave.
(a) FEB 9 1942 (Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 1942, at 1210 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1941, to Feb 7 1942, and that I last saw HIM alive on Feb 7 1942.

Immediate cause of death: Carcinoma of the lungs & metastasis to spine — Duration: 1 yr
Due to:
Due to:
Other Conditions: cataracts, hypertensive C.V. disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Austrian
Address: Johns Hopkins Hospital Date signed: 2/9/42

VS 2

F 88937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Barbara S. Strauch (Barbara S. Strauch)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Strauch
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Rott
15. Birthplace Bavaria

16 (a) Informant Mrs. Anna Boden
(b) Address 1724 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) FEB 9 1942 (Date rec'd by registrar) (b) Christington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1942 to 2-6 1942 and that I last saw h[illegible] alive on 2-7 1942

Immediate cause of death — Duration

Coronary thrombosis — 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ruptured heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gott M. D.
Address WBGH Date signed 2-7-42

VS 3

F 88938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 Poplar St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Poplar St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE ROSS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Laura A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1868

8. AGE: Years	Months	Days	If less than one day
73	4	26	hr. min.

9. Birthplace Washington Co. Md.
(City, county, and state)
10. Usual Occupation Retired Railroad
11. Industry or business Mail Clerk

FATHER
12. Name Henry Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Stouse
15. Birthplace Md.

16 (a) Informant Mrs. Laura A. Ross
(b) Address 3320 Poplar St.

17 (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location

(a) Funeral director Wm. J. Lipkner & Sons
(b) Address Northern Pa. Ave.

(a) FEB 9 – (b) Thurlington Williams
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942 at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: ho
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 2-9-42

VS 6

F 88939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 88939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Bolton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Bolton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEAH MATILDA OWENS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Willard H. Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1862

8. AGE: Years	Months	Days	If less than one day
79	10	0	hr. min.

9. Birthplace Somerset County, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

INFORMANT

12. Name Isaac Milton Bussells
13. Birthplace Maryland

14. Maiden Name Addie Wallace
15. Birthplace Maryland

16 (a) Informant Willard H. Owens, Jr.
(b) Address 240 N. Payson Street

17 (a) Burial (b) Date thereof 2/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland
(a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues
(a) FEB 9 '42 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1942, at 4:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942, to 2/6 1942 and that I last saw her alive on 2-5 1942.

Immediate cause of death	Duration
Intestinal obstruction	1 day
Due to Carcinoma of	3 yrs
Due to colon	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Entwisle Rem D
Address 1901 Eutaw Date signed 2-9-42

VS 3

F 88940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 88940 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Edgewood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MISS EDITH RHODES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
------	None	Female	White	Single

6 (b) Name of husband or wife ------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1877

8. AGE: Years	Months	Days	If less than one day
64	6	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Music Teacher Retired
11. Industry or business

FATHER
12. Name Charles D. Rhodes
13. Birthplace Carroll County Md

MOTHER
14. Maiden Name Mary E. McIlhenny
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Athol Rhodes
(b) Address 723 Edgewood St.

17 (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location City
(a) Funeral director W. J. TICKNER & SONS INC
(b) Address North & Pa Aves
(a) FEB 9 – (Date rec'd by registrar) Washington Williams, M Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1942, at 1 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1941 to 2/7 1942, and that I last saw h alive on 2/6 1942.

Immediate cause of death	Duration
Carcinoma of uterus	7 mos +
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Horace E Stacy
Address 3803 Edmondson Av Date signed 2/8/42

VS 3

F 88941 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 13.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Frederick
(a) State Md. (b) County Baltimore
(c) City or town Emmitsburg Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mt St. Mary's Seminary
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Jr. Edward D. O'CONNELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16 1895

8. AGE: Years	Months	Days	If less than one day
47	6	20	hr. min.

9. Birthplace New York (City, county, and state)
10. Usual Occupation Catholic Priest
11. Industry or business

FATHER
12. Name John J. O'Connell
13. Birthplace New York

MOTHER
14. Maiden Name Mary A. Laugm
15. Birthplace New York

16 (a) Informant Daniel O'Connell
(b) Address New York
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 9 42 (month) (day) (year)
(c) Cemetery or crematory Gate of Heaven
Location New York
18 (a) Funeral director Chas. O'Neill & Son Inc.
(b) Address 11 E. 7th St. Rosedale
19 (a) FEB 9 - 1942 (Date rec'd by registrar) Huntingtown Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8/ 1942 at 3:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1/26/ 1942 to 2/8/ 1942 and that I last saw him alive on 2/8/ 1942

Immediate cause of death
Subacute myelogenous Leukemia — Duration 13 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William J. Smith
Address St Joseph's Hosp Date signed 2/8/42

VS 1

F 88942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

F 88942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Born to.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2547 Hollins St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Frank Wiegand.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Pauline Jameson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1865

8. AGE: Years	Months	Days	If less than one day
76	10	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Retired

FATHER
12. Name Peter Wiegand
13. Birthplace Europe

MOTHER
14. Maiden Name Frances Bauwald
15. Birthplace Germany

16 (a) Informant Rosie M. Wiegand
(b) Address 2547 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.
FEB 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1942, to 2/8 1942
and that I last saw h[illegible] alive on 2/8/ 1942

Immediate cause of death: Acute Myelogenous Leukemia — Duration: 6 mo
Due to
Due to
Other Conditions Benign Prostatic Hypertrophy 2 yrs
Arterio Sclerotic Cardio Vasc Dis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieger MD
Address Bon Secours Hosp Date signed 2/8/42

F 88943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-42

F 88943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~ Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7303 York Road (If rural give location)
(e) Citizen of foreign country? ~~Yes~~ (Yes or No)
If yes, name country ~~Yes~~

3 (a) FULL NAME Betty McAvoy (Mary Elizabeth McAvoy)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/24/26

8. AGE: Years	Months	Days	If less than one day
16	7	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Joseph McAvoy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Collins
15. Birthplace Baltimore

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meears and Son
(b) Address 805 N. Calvert Street

19 (a) [illegible] (b) [illegible]

FEB 9 1942 Huntington Millington P.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1942, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 2/7 1942, and that I last saw her alive on 2/7 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
generalized sarcomatosis	
Due to glioblastoma - glioma	10 wk.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Lawrence Baldwin M.D.
Address Mercy Hospital Date signed 2/9/42

F 88944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 88944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mont Balto Mental Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 N. Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Hillel Millner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Vena Millner

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50				

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Hebrew Teacher

11. Industry or business

FATHER
12. Name Henry Millner
13. Birthplace Latvia

MOTHER
14. Maiden Name Rachael —
15. Birthplace Latvia

16 (a) Informant Vena Millner
(b) Address 2003 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Phil. Rd.

(a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St.

FEB 9 - 1942 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 2:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sanderhoff M.D.
Medical Examiner.
Date signed 2/9/42

VS 6

F 88945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

F 88945
Registered No.

BC(70608)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2541 Francis Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Redding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Laura Redding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1866

8. AGE: Years	Months	Days	If less than one day
75	5	6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Pension
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ? ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 - 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Greenmount Bltd.
(a) Funeral director Mamie Cook Lyfee
(b) Address 1942 W. North Ave

FEB 9 1942
(Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1942, at 5 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1941, to 2-6 1942, and that I last saw him alive on 2-6 1942.

Immediate cause of death: Arteriosclerotic Gangrene Foot — Duration: 2 mo
Due to: Generalized Arteriosclerosis — Duration: yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 2-5-42
Major findings of operation: Gangrene Rt Foot
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Bobbitt Burnett M. D.
Address Balto City Hosp Date signed 2-7-42

VS 3

F 88946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 88946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Keswick Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Keswick Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank R. Palmer.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie Palmer
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1866

8. AGE: Years	Months	Days	If less than one day
75	5	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Laborer

FATHER
12. Name William Palmer.
13. Birthplace Md.

MOTHER
14. Maiden Name ? Schmitt.
15. Birthplace Md.

16 (a) Informant Jennie Palmer.
(b) Address 3417 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
(a) Funeral director Ehenwood & Donovan
(b) Address 3615-17 Greenmount Ave.
(c) FEB 9 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH February 8, 1942, at 1.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to Feb 8 1942 and that I last saw him alive on Feb 8 1942

Immediate cause of death Pneumonia
Bronchial Hypostatic.
Terminal Exhaustion
Due to Chronic Myocarditis
Arteriosclerosis. Smoking toe.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 4 Days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Lemmon M. D.
Address Hollins Ferry Rd. Balto Co. Date signed 2/9/42

VS 3

F 88947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 88947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 3/4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Dawson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Carr

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1877

8. AGE: Years 64 | Months 6/12 | Days 19 | If less than one day hr. min.

9. Birthplace Prince Geo. Co, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Albert Dent

13. Birthplace Md

14. Maiden Name Sally Espey

15. Birthplace Md

(a) Informant Elizabeth Carr

(b) Address 2037 Dawson St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

(a) Funeral director Geo. H. Kelso

(b) Address 1343 Pennington Ave

(c) FEB 9 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1943 to 2/7 1943 and that I last saw h[illegible] alive on 2/7 1943.

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other Conditions Labor pneumonia Hypertensive uremia. (Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Sloan M. D.
Address South Balto Gen. Hosp Date signed 2/7/43

VS 3

F 88948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-B

F 88948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, limits, write RURAL and give town)
(d) Street No. 1108 E. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen INEZ FORD S30040

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace Calvert Co, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER — FATHER

12. Name Joseph Ford
13. Birthplace Calvert Co.

14. Maiden Name Carrel Marshall
15. Birthplace La Plata, Md.

16 (a) Informant Joseph Ford
(b) Address 1108 E Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)
(c) Cemetery or crematory Hall Creek
Location Calvert Co. Md

18 (a) Funeral director Geo. G. Kelso
(b) Address 1343 Pleasant St

FEB 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942, at 4.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Septicaemia — Duration
Due to Premature labor
Due to Fall to street
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 27, 1942 at M
(c) Where did injury occur? Lusby Calvert (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fell down steps

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-9-42

VS 6

F 88949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Edmondson Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Norman Landon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Landon
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan. 25-1873

8. AGE: Years	Months	Days	If less than one day
69	-	13/12	hr. min.

9. Birthplace Accomac Co. Virginia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name James Wm. Landon
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Parker
15. Birthplace Virginia

16 (a) Informant James N. Landon
(b) Address 1031 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10-1942 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Glen Haven Memorial
Location Glen Burnie
(a) Funeral director Elizabeth Earle Inc.
(b) Address 115 E. West St.
(c)

FEB 9 - 1942 (Date rec'd by registrar)

Huntington Whitcomb, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb. 6 1942
and that I last saw h alive on Feb 6 1942

Immediate cause of death
Ghrave hypostatic pneumonia
& Arteriosclerosis

Duration
years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Morgan M. D.
Address 1216 Mayfield Date signed

VS 3

F 8895D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33 B F 88950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 N. Eutaw
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Eutaw st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-1890

8. AGE: Years	Months	Days	If less than one day
51	4	29	hr. min.

9. Birthplace (Town, county, and state) Va.

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Jeffie Barbee

13. Birthplace Drakes Branch Va

MOTHER 14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant Clarence Wilson

(b) Address 910 N. Eutaw st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Hall

(b) Address 918 Druid Hill ave.

FEB 9-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 7 — 1942, at 11.30a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942 to Feby 7 1942 and that I last saw h[er] alive on Feby 7 1942

Immediate cause of death: Coryza insufficiency — Duration: Feby 5/42

Due to: Grippe — Jan 29/42

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Pittman M. D.

Address 817 Hamilton Ave Date signed

VS 8

F 88951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 88951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 658 W. Mulberry
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Stockton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation LABORER.
11. Industry or business

FATHER
12. Name James Stockton
13. Birthplace N. C.

MOTHER
14. Maiden Name Shirill
15. Birthplace N. C.

16 (a) Informant Emma Stockton
(b) Address 658 W Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)
(c) Cemetery or crematory
Location Stateville N. C.
(a) Funeral director Adolphus Valentine
(b) Address 718 Druid Hill Ave

FEB 9 – 1942 (b) Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 – 5 – 1942 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Feb 5 1942 and that I last saw h alive on Feb 5 1942

Immediate cause of death Pneumonia — Duration over

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Capers M. D.
Address 1016 S Sharp St Date signed 2-5-42

VS 3

F 88952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 ×

F 88952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Hillman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL BALESTRA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1939

8. AGE: Years	Months	Days	If less than one day
2.	4	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Maria Balestra
13. Birthplace Italy

MOTHER
14. Maiden Name Carmella Romeo
15. Birthplace Baltimore, Md

(a) Informant Father - Maria Balestra
(b) Address above address

(a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd
(a) Funeral director Elmer Coulbourne
(b) Address 924 E. Eager St.
(a) [illegible] (Sec'y or Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942 at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
(a) Mediastenitis, acute — 2 days
Due to (b) Esophagoscopy —
Due to (c) Stricture esophagus —
Other Conditions No —
(Include pregnancy within 3 months of death)
Date of operation 2-5-42
Major findings of operation: as above
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-5-42 at 5 P M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Swallowed developing solution

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 2-17-42

VS 4

asbestos

F 88953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MC(59633) 107 Registered No. F 88953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 4mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James F. Benton

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife: Lillie F. Benton.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1868

8. AGE: Years	Months	Days	If less than one day
73	1	25	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Retired Captain;
11. Industry or business: Oyster Boats.

MOTHER'S MAIDEN NAME
12. Name: Samuel Benton
13. Birthplace: Maryland
14. Maiden Name: Josephine Evans.
15. Birthplace: Maryland

16 (a) Informant: B.C.H. Records
(b) Address: 4940 Eastern Avenue

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 10-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Solomons - Md.
(a) Funeral director Charles J. Schwab.
(b) Address 525 N. Monroe St.
FEB 9- 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1942, at 1.48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1940 to 2-7 1942 and that I last saw h alive on 2-7 1942.

Immediate cause of death: Bronchopneumonia — Duration: 2 weeks
Due to: Arteriosclerosis — Duration: 7
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-7-42

F 88951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 2 F 88954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2032 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Jachimowicz (David Jachimowicz) (Birth F31665)

3 (b) If veteran, name war: *
3 (c) Social Security Account No.: *

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: *
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, 8th, 1941

8. AGE: Years	Months	Days	If less than one day
	7	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

12. Name Stanley Jachimowicz
13. Birthplace Baltimore, Md.

14. Maiden Name Josephine Macejewski
15. Birthplace Cleveland, Ohio.

(a) Informant Mrs. Josephine Jachimowicz
(b) Address 2032 Gough Street

(a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Balto md.
(a) Funeral director George A Weber
(b) Address 705 S Amity St -
FEB 9 - 1942 Huntingdon Williams, M.D.
(Date Rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 19 42, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 mn 2/1 19 42 to death 19 , and that I last saw h.m. alive on 2/7 19 42

	Duration
Immediate cause of death Respiratory Failure	5 hrs
Due to Laryngo Tracheo Bronchitis	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Moderate laryngeal obstruction
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial plate, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey L. Fuller, M.D.
Address Sinai Hosp Date signed Feb 9/42 M. D.

VS 8

F 88955

Gordon A Mouat Jr

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-G

F 88955 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 Garrett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

426

3 (a) FULL NAME Gordon Anthony Mouat Jr. (Birth F-42668)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1942

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gordon Anthony Mouat Sr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Madaline Schweitzer
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Gordon Anthony Mouat Sr.
(b) Address 2332 Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ /42 (month) (day) (year)
(c) Cemetery or crematory Mayland Park
Location

18 (a) Funeral director Leonard J. Ryan
(b) Address 2330 Harford Rd.
(c) Date received by registrar 2/9/42 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1942 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1942, to Feb. 9 1942, and that I last saw him alive on Feb. 9 1942.

Immediate cause of death Atelectasis Pneumonia
Fatal Fistula
Malnutrition — Duration: Infant

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/22 and 1/24/42

Major findings of operations Circumcision
Common bile duct
of autopsy Fatal Fistula at Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Longshore M.D.
Address Md. General Hosp. Date signed M. 2/9/42 D.

VS 3

F 88956 71601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 88956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3344 E. Baltimore, St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Kranz

3 (b) If veteran, name war

3 (c) Social Security Account No. 144-03-6338

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of [redacted] or wife Opesola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1883

8. AGE: Years	Months	Days	If less than one day
58	6 7	12 11	hr. 8 min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Stone Mason
11. Industry or business

FATHER
12. Name Leo Kranz
13. Birthplace Italy

MOTHER
14. Maiden Name Anna ?
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgar Rd. Balt. Md.
(a) Funeral director Frank Della Rocca
(b) Address Feb 9 1942 Morley St.
(a) FEB 9 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1942 at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942 to 2-7 1942 and that I last saw h[redacted] alive on 2-7 1942.

Immediate cause of death: Cardiac failure — Duration: ?
Due to: Hypertensive C. V. disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun
Address Balt. City Hosp. Date signed 2-8-42 M.D.

VS 8

F 88957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939 D

F 88957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 N. Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 N. Chapel St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Boothe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1865

8. AGE: Years	Months	Days	If less than one day
56	7	8	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Edmond Boothe
13. Birthplace Va

MOTHER
14. Maiden Name Rhodie Franklin
15. Birthplace Va.

16 (a) Informant Joshua Boothe
(b) Address 939 N. Chapel St

17 (a) Removal (b) Date thereof Feb 10, 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Suffolk Virginia

18 (a) Funeral director Mrs R. A. Elliott Dept
(b) 939 N. Carolina St.

FEB 9 1942
(Date rec'd by registrar) (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Feb 4 1942
and that I last saw h[illegible] alive on Feb 4, 1942.

Immediate cause of death

Chronic Myocarditis

	Duration
Due to	2 yrs.
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Francis H. Luke M.D.
Address 1741 E. Eager St Date signed 2/9/42

VS 2

F 88958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Byera (Birth F-33032)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-41

8. AGE: Years	Months	Days	If less than one day
	5	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Watt Wheeler
13. Birthplace Va.

MOTHER
14. Maiden Name Estelle Byera
15. Birthplace Md.

16 (a) Informant Recorda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Q. A. County Md.
(a) Funeral director Mrs. R. A. Elliott & Son
(b) Address 1129 N. Caroline St.
(a) FEB 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942 at 9 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1941 to Feb 7 1942 and that I last saw him alive on Feb 7 1942

Immediate cause of death Influenzal Meningitis — Duration Twelve

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12 Jan 41

Major findings of operation: Mastoiditis

of autopsy: Influenza Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Hibbs M. D.
Address Johns Hopkins Hosp. Date signed 2/8/42

VS 3

F 88959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 88959

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Huety Street

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 217-03-1664

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Virginia Street

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) April 14, 1893

8. AGE: Years 48 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Woodsdale N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Klim Street

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Virginia Street

(b) Address 1522 E Biddy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10 / 42 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location

18 (a) Funeral director Mrs. R.G. Elliott & Daughter

(b) Address 1129 N. Caroline Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS FEB 9 1942 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 - 1942, at 11.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29-1942 to 2-6-1942, and that I last saw h[illegible] alive on 2-4-1942.

Immediate cause of death: Bronchio-Pneumonia — Duration 11 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 611-N Caroline Date signed 2-9-42

F 88960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 88960 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1741 E. Oliver Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 E. Oliver Street.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB M. GLANTZ.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie Glantz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1863

8. AGE: Years 78 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Clerk, retired

11. Industry or business

FATHER
12. Name Christian Glantz
13. Birthplace Germany

MOTHER
14. Maiden Name Catherina Strahler
15. Birthplace Germany

16 (a) Informant Miss Caroline Glantz
(b) Address 1741 E. Oliver St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director John Ellenbogen
(b) Address 2008 Orleans St.
(c) FEB 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1942 at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to Feb. 7 1942 and that I last saw him alive on Feb. 6 1942

Immediate cause of death Gastric Carcinoma near Entrance of Lesser Curvature

Due to Starvation unable to take food on account tumor due to Constriction

Other Conditions Shown by X Ray

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration: 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Francis A. Keating, M.D.
Address 7 Wendover Road Date signed 2/9/42

VS 3

F 88961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 88961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 270 S. East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-6727

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1872

8. AGE: Years 69 | Months 11 | Days 21 20 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Stationary

11. Industry or business Engineer

FATHER
12. Name John Smith
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Charlotte Hess
15. Birthplace Baltimore Md.

16 (a) Informant Charles F Smith
(b) Address 223 S Elwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John Ulm
(b) Address 2008 Orleans St
Huntington Williams, M.D.

19 (a) Filed FEB 9 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1942 at 4 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Uraemia	
Due to Pyelonephritis, chronic	
Due to Hypertrophy, prostate	
Other Conditions Fracture of right leg.	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/10
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 28, 1942 11 30 M
(c) Where did injury occur? East Ave & Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury Motor truck struck by
23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 2-9-42

VS 6

F 88962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88962
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Canary Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2215 Canary Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret L. Gephardt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1940

8. AGE: Years	Months	Days	If less than one day: hr.	min.
2	11	8		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis Gephardt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elsie LeBrun
15. Birthplace Baltimore Md.

16 (a) Informant Louis Gephardt
(b) Address 2218 Canary St.

17 (a) burial (b) Date thereof 2/12/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md
(a) Funeral director John Ulhut
(b) Address 2008 Orleans St

FEB 9 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942 at 7 Am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Lobular pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Wunderlich M.D.
Medical Examiner.
Date signed 2/9/42

VS 6

F 88963 ✓ F 88963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella Kier

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/14/1869

8. AGE: Years	Months	Days	If less than one day
72	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name John Augustus

13. Birthplace Md.

14. Maiden Name Ellen

15. Birthplace Md.

16 (a) Informant John Jones (Friend)

(b) Address 409 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

(a) Funeral director Charles S. Cooper

(b) Address 514 N. Calhoun St.

(Filed by registrar) FEB 9 - 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/42 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941, to Feb 6 1942 and that I last saw her alive on Feb 6 1942

Immediate cause of death Chronic Valvular heart disease — Duration 2 yrs

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Watts

Address 514 Calhoun St. Date signed 2/8/42 M. D.

F 88964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 107

F 88964

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Webb Court.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos. or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Webb Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME EDWARD GEORGE GRAY

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/15/1928

8. AGE: Years	Months	Days	If less than one day
3	3	26	— hr. — min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph W. Gray
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lonetta McGonagle
15. Birthplace Balto. Md

16 (a) Informant Joseph W. Gray
(b) Address 808 Webb Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George D. Tuttle Son
(b) Address 1735 Harford Ave
19 FEB 9 — 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943 at 10 Eo P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Pneumonia, Lobular
Due to Pneumonia, Lobular January
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes.

Duration
No hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed

VS 6

F 88965

BALTIMORE CITY HEALTH DEPARTMENT 186-a

CERTIFICATE OF DEATH

Registered No. F 88965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Sinclair Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM T. KELLEY (Kelly)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 5th, 1873

8. AGE: Years 68 | Months 9 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired (Laborer)

11. Industry or business

FATHER
12. Name Thomas Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget OBrien
15. Birthplace Ireland

16 (a) Informant Mrs. May D Treewalla (Friend)
(b) Address 2119 Sinclair La.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Govans
Location Homeland Baltimore Md.
(a) Funeral director George J. Ruhl Inc
(b) Address 1135 Harford Avenue
(a) FEB 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1942, at 10 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

Date of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident, suicide, or homicide accident
(b) Date of occurrence Feb 7, 1942 at 4 30 P M
(c) Where did injury occur? On front & Hartford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Stables (Specify type of place) While at work? —
(e) Means of injury Falling Bridewall - to be

23. Signature W. L. Wollenweber M.D. Medical Examiner.
Date signed 2-9-42

VS 6

F 88966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F 88966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 E. 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 E. 29th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Franklin Winstead

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mollie F. Winstead
6 (c) If alive, give age: 37 years
7. Birth date of deceased (mo., day, yr.): March 29 - 1900
8. AGE: Years: 41 Months: 10 Days: 9 If less than one day: hr. min.
9. Birthplace: Balto. Md (town, county and state)
10. Usual Occupation: Retired Fireman
11. Industry or business: Balto. City Fire Dept.

FATHER
12. Name: James Franklin Winstead
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Laura Garner
15. Birthplace: Virginia

16 (a) Informant: Mollie Garrett Winstead
(b) Address: R.F.D. 2 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory: Woodland Memorial Park
Location:

18 (a) Funeral director: Chas. H. Grant Undertaker
(b) Address: 118 W. Mt. Royal ave.
(a) (b) Huntingtown, Williamsport, Md.

Date rec'd by reg. FEB 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 8 1942, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1941, to Feb. 8, 1942, and that I last saw him alive on Feb. 8 1942.

Immediate cause of death: Myocardial Dilation — Duration: 6 mos.
Due to: Chronic Myocarditis — 9 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature: Frank N. Ogden. M. D.
Address: 2701 N. Calvert St. Date signed: Feb. 9, 42

88967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

F 88967
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 John St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 John St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Somerville Sedwick Sollers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Joseph P. Sollers, Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/68

8. AGE: Years	Months	Days	If less than one day
73	10	16	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Dr. Wm. A. Sedwick
13. Birthplace Md.

MOTHER
14. Maiden Name Emma C. Somerville
15. Birthplace Md.

16 (a) Informant Mr. Joseph S. Sollers
(b) Address 1321 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Middleham Chapel
Location Calvert County, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

FEB 9 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1942, at 11.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/41 to 2/8 1942, and that I last saw h[illegible] alive on 2/8 1942.

Immediate cause of death Intestinal obstruction
(Post-Operative Peritonitis
Arteriosclerosis
Due to Carcinoma of Sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March, 1941

Major findings of operation: Carcinoma sigmoid

of autopsy Post-operative adhesions

Duration
1 year
9
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack H. Morgan M. D.
Address 6 E. Read St. Date signed 2/9/42

Morgan

88968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. E 88968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 St. Paul St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine B. Eubank

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1860

8. AGE: Years	Months	Days	If less than one day
81	6	19/?	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Bernard Eubank
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Mundie
15. Birthplace Va.

16 (a) Informant Katherine H. Carville
(b) Address 1629 St. Paul St.

17 (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O Mitchell & Sons
(b) Address 1900 Eutaw Place

FEB 9 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 7 1942 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Feby 7 1942 and that I last saw h.e. alive on Feby 6 1942

Immediate cause of death Cardiac Failure

Due to Myocarditis

Due to

Other Conditions Paralysis agitans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo B Bailey M. D.
Address Medical Arts Bldg. Date signed

88969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-D

Registered No. F 88969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 N. Lakewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helena Handel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1860

8. AGE: Years	Months	Days	If less than one day
81 80	9	27	hr. min.

9. Birthplace Cumberland, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Conrad Handel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary R. Siegel
15. Birthplace Germany

16 (a) Informant Rev. Edw. F. Miesland (Nephew)
(b) Address 518 Round Hill Rd

17 (a) London Pk. (Burial, cremation, or removal) (b) Date thereof Feb. 10/42 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry M. Mitthe
(b) Address 4101 Edmondson Ave

FEB 9 - 1942

(Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 19 42 at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 19 42 to Oct 7 19 42
and that I last saw h[illegible] alive on Oct 7 19 42

Immediate cause of death

Chronic Myocard. Dis

	Duration
Due to	Oct 1941
Due to Contusions of thorax Fractured Ribs	Oct 1941

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Krauser M.D.
Address 801 S. Kenwood Ave Date signed Oct 9 1942

VS 3

88970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Rollins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6426

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
45	4	3		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Jewel Laundry
12. Name John A. Roth
13. Birthplace Baltimore Md
14. Maiden Name Lillian M. Frank
15. Birthplace Baltimore Md.
(a) Informant Charles F. Rollins
(b) Address 1621 W. Fayette St
(a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd
(a) Funeral director Harry H. Hitzke
(b) Address 4101 Edmondson Ave.
FEB 9 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8/42 19 , at 3:49 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6/42 19 , to 2/8/42 19 , and that I last saw h[illegible] alive on 2/6/42 19 .

Immediate cause of death Heart failure
Pneumonia (Bronchopneumonia)
Bronchopneumonia
Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edmondson Jr. M. D.
Address Franklin Sq. Hosp Date signed 2/6/42

VS 2

F 88971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 88971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Wilkens Ave.
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 414 Lyndhurst St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph. B. Lambert Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Emma Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1865

8. AGE: Years 76 Months 5 Days 7 If less than one day hr. min.

9. Birthplace New Windsor Md. (Town, county, and state)

10. Usual Occupation Retired Dist. Decorator

11. Industry or business

FATHER 12. Name Wm. Lambert
13. Birthplace Md

MOTHER 14. Maiden Name Amanda Israel
15. Birthplace Md.

16 (a) Informant Mrs. Louise Sedwick
(b) Address 414 Lyndhurst St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof Feb 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location Woodlawn

18 (a) Funeral director Harry H. Pfeltz
(b) Address 401 Edmondson Ave.
(a) Registrar Huntington Williams M.D.

FEB 9 - 1942
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942, at 4:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Feb 7, 1942, and that I last saw h[illegible] alive on Feb 7, 1942.

Immediate cause of death Heart Failure

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jeannette R. Heyliger M. D.
Address 5025 Park Ave. Date signed 2/9/42

VS 8

F 88972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No. F 88972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City Md. ✓
(b) Street address 931 Poplar Grove
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life +

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Lappe

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/1876

8. AGE: Years 65 | Months 11 | Days 18?0 | If less than one day hr. min.

9. Birthplace Ashland, Balto Co, Md (Town, county, and state)

10. Usual Occupation Comptroller

11. Industry or business

FATHER 12. Name John Lappe
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth McPalmer
15. Birthplace Germany

16 (a) Informant Theresa Lappe
(b) Address 5513 Newland Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Henry Brannigan & Son
(b) Address 2924 Edmondson Ave
(c) Filed by registrar (b) Huntington Williams, M.D. Registrar

FEB 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Feb 8 1942 and that I last saw h[illegible] alive on Feb 8. 1942

Immediate cause of death: Cerebral hemorrhage — Duration 29 hours
Due to Generalized arteriosclerosis with hypertension — Duration several years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Ave Date signed Feb 9 1942

VS 3

F 88973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna B. Curley

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife: Andrew J.
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 9 1871

8. AGE: Years	Months	Days	If less than one day
70	3		hr. min.

9. Birthplace: Pittsburgh Pa. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

12. Name: William Conkle
13. Birthplace: Pa.
14. Maiden Name: Unknown
15. Birthplace: Pa.

(a) Informant: Andrew J. Curley
(b) Address: 2003 Guilford Ave

(a) Burial, cremation, or removal: East Liverpool
(b) Date thereof: 2 (month) 10-42 (day) (year)
(c) Cemetery or crematory: East Liverpool Ohio
Location: Ohio
(a) Funeral director: William Cook
(b) Address: 1217 St Paul St
(c) Filed (Date): FEB 10 1942 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1942, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942 to Feb 9 1942, and that I last saw her alive on Feb. 9 1942.

Immediate cause of death: Pneumonia
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 5 Days over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin
Address 4419 Reisterstown Rd Date signed Feb 9 1942 M. D.

VS 3

F 88974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 88974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Alameda Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Brenner

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Mary Brenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1863

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	6	23		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Watchmaker
11. Industry or business Comptr Trust Co

FATHER
12. Name Geo. Brenner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rose Hilgartner
15. Birthplace Baltimore Md

16 (a) Informant Thomas L. Brenner
(b) Address 2825 Northern Parkway
(c) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md
(d) Funeral director Wilhelm Bros
(e) Address 3107 Greenmount Ave
(Date rec'd by registrar) FEB 10 1942 (f) Interim for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942 to Feb 9 1942, and that I last saw h[illegible] alive on Feb 7 1942.

Immediate cause of death: Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Pulliam
Address 7324 Reisterstown Rd Date signed 2/9/42 M. D.

VS 3

F 88975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 88975 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Wilmslow Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha A. (Pattie) Williams

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Edward Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 6th 1849
8. AGE: Years 93 | Months 6 | Days 1 | If less than one day hr. min.
9. Birthplace Greenville N. C. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sick

FATHER
12. Name Edwin Nelson
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Moring
15. Birthplace N. C.

16 (a) Informant Mrs Clyde Johnson
(b) Address 4605 Wilmslow Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md
(a) Funeral director William Cook
(b) Address 1217 St Paul St

18 (Date received by Registrar) (b) Signature of Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 7 1942, and that I last saw her alive on Feb 7 1942.

Immediate cause of death: Hypostatic Lobar pneumonia — Duration
Due to: senility
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1128 St Paul St Date signed 2-9-42

VS 3

F 88976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 88976

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer E. Butterbaugh

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Rosa Butterbaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1st 1862

8. AGE: Years	Months	Days	If less than one day
79	7	6	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation House Painter (Retired)
11. Industry or business Self

12. Name (Unknown) Butterbaugh
13. Birthplace "
14. Maiden Name "
15. Birthplace "

(a) Informant Mrs Frank E. Butterbaugh
(b) Address 2033 Penrose Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
(a) Funeral director William Cook
(b) Address 127 S. Paca St
(a) [illegible] (b) Huntington Williams Hall

FEB 10 1942
Date received by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1942, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to Feb 7 1942, and that I last saw him alive on Feb 7 1942.

Immediate cause of death	Duration
cardio-Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Tillerman
Address 2324 Reisterstown Rd Date signed 2/9/42

F 88977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 88977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Nicoll Avenue 2218 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MARTIN PARVIS

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mazie Harley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1865

8. AGE: Years	Months	Days	If less than one day
76	10	12	hr. min.

9. Birthplace XXX CAROLINE COUNTY, MARYLAND (Town, county, and state)
10. Usual Occupation Retired Insurance Man
11. Industry or business Maryland Casuality

12. Name Joseph L. Parvis
13. Birthplace Caroline County, Maryland.

14. Maiden Name Susan Morris
15. Birthplace Caroline County, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial Burial, cremation, or removal (b) Date thereof Feb 11th 1942 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.
(a) Funeral director William Cook
(b) Address 127 St. Paul St.
(c) Filed FEB 10 1942 Registrar Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1942, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1942, to Feb. 7, 1942, and that I last saw h. im alive on Feb. 7, 1942.

Immediate cause of death: Coronary occlusion — Duration: Unknown
Due to: Arteriosclerosis — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature J. Martin
Address US Marine Hospital Baltimore, Maryland. Date signed 2/9/42 M.D.

F 88978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 647 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FRANKLIN BOLLINGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1889

8. AGE: Years	Months	Days	If less than one day
52	3	20	hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation Brick Mason

11. Industry or business

FATHER
12. Name Emmanuel Bollinger
13. Birthplace Germany

MOTHER
14. Maiden Name Lenna Hawkins
15. Birthplace Maryland

16 (a) Informant Mrs Lillian B. Poole
(b) Address 234 N. Fulton Ave

(a) Burial (b) Date thereof Feb. 10 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Matthews
Location Baltimore, Md.

(a) Funeral director Williams Cook
(b) Address 1317 St Paul St.

FEB 10 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1942 at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Wallenmeyer M.D.
Medical Examiner.
Date signed

F 88979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 88979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rae Miller (Birth F-42591)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1942

8. AGE: Years	Months	Days	If less than one day
3 weeks		19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond Miller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Marie Steiger
15. Birthplace Maryland

16 (a) Informant Raymond Miller
(b) Address 1702 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3800 old Frederick Rd

18 (a) Funeral director Harry H. Wirtke
(b) Address 4101 Edmondson Ave.

19 (a) FEB 10 1942 Ettington Williams M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1942 to Feb 8, 1942 and that I last saw h[illegible] alive on Feb 8 1942,

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Bonner M. D.
Address St. Agnes Hosp. Date signed 2/8/42

VS 3

F 88980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V92-D

F 88980 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sara Emma Vickers.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife: John Coles Vickers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13 - 1875

8. AGE: Years	Months	Days	If less than one day
66 67 (67)	2	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William E. Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Haddaway
15. Birthplace Maryland

16 (a) Informant Hella Rae Browning
(b) Address 700 West 40th St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/11/1942 (month) (day) (year)
(c) Cemetery or crematory Gallagher
Location Baltimore, Md.

18 (a) Funeral director Fickenscher & Sons
(b) Address North & Pa. Ave.
(c) FEB 10 1942 Interrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1941 to Feb 8 1942, and that I last saw h[illegible] alive on Feb. 6 1942.

Immediate cause of death: Cerebral embolism
Cerebral and Splenic
Emboli with hemiplegia
Due to Mitral Stenosis and
Auricular Fibrillation
Due to
Other Conditions Osteo arthritis of spine
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

3 Inspection 11 months Many years 3 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Comas M.D.
Address 11 E. Chase St. Baltimore Md. Date signed 2-8-42

VE 3

F 88981

F 88981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-2 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Dorothea Weis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Theodore P. Weis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 1859

8. AGE: Years	Months	Days	If less than one day
83	0	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

12. Name William Langmann
13. Birthplace Germany

14. Maiden Name Elizabeth Einloff
15. Birthplace Germany

(a) Informant Mrs. Carroll Tubman
(b) Address 311 E. 33rd St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.
(a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.
(c) FEB 10 1942 (Date received by registrar) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

28. DATE OF DEATH Feb 7, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1938 to Feb. 7, 1942 and that I last saw her alive on Feb 7 1942

Immediate cause of death: Cardiac Dilatation — Duration 5 years
Due to Cardiac hypertrophy — 6 years
Due to Hypertension — 6 yrs
Other Conditions ✓

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: ✓
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓
23. Signature Frank H. Ogden M. D.
Address 2701 N. Calvert Date signed Feb 9 42

F 88982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a F 88982 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. U. S. Coast Guard Headquarters (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JACOB MANGOLD

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13, 1897

8. AGE: Years	Months	Days	If less than one day
45	0	25	hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)
10. Usual Occupation Yeoman 1/c
11. Industry or business U. S. Coast Guard

FATHER
12. Name John L. Mangold
13. Birthplace Cincinnati, Ohio

MOTHER
14. Maiden Name Catherine Witman
15. Birthplace Cincinnati, Ohio

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 10-42 (month) (day) (year).
(c) Cemetery or crematory Cincinnati Ohio
Location
(a) Funeral director Robt C B Walter
(b) Address Baltimore Street
(a) (b) Huntington Williams, M.D. Registrar

FEB 10 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1942 to Feb. 8, 1942, and that I last saw him alive on Feb. 8, 1942.

	Duration
Immediate cause of death: Acute purulent meningitis	4 weeks
Due to: Chronic otitis media	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Myringotomy; Spinal Puncture
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Williams
Address US Marine Hospital Baltimore, Maryland. Date signed 2/9/42 M.D.

M. D. B. 1268-9

F 88983 F 38983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St. 12-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Ritchie

(a) Residence: No. 2716 N Calvert St., Ward
(Usual place of abode) (If non-resident give city or town and State)

(Birth F43673)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1942

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Army Milton Ritchie

14. BIRTHPLACE (city or town) West, Va.
(State or country)

MOTHER

15. MAIDEN NAME Doral Kathryn Jones

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT 2716 N Calvert St.
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Feb 10 1942

19. UNDERTAKER Roff & B. M. Walker
(Address) Pratt & Stricker Sts

Filed FEB 10 1942 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from 2/4/42, 19..., to 2/5/42, 19...

I last saw him alive on 2/3/42, 19... Death is said to have occurred on the date stated above, at 7:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraventricular Hemorrhage	
Fatal Atelectasis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Goodman Jr. M. D.

(Address) Franklin Sq. Hosp.

Exact statement of ... required. ... instructions on back of certificate.

F 88984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88984 94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3415 Rosedale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Rosedale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Calvin McCahan

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maude L. McCahan

6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): February 8, 1874

8. AGE: Years 68 | Months - | Days - | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Manager Mail, Express, Traffic

11. Industry or business: B & O RR

FATHER
12. Name: John C. McCahan
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden Name: Eleanor Johnson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Glen C. McCahan
(b) Address: 5115 Sequoia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Md.

18 (a) Funeral director: E W Lamasney
(b) Address: 1003 W. Baltimore St.

FEB 10 1942 (Date received) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1942 at 9.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 8 1942 and that I last saw him alive on Feb 7 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary Occlusion	
Due to	
Other Conditions Arteriosclerosis	6 yrs

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Bernard L. Grauel M. D.
Address: 2329 Arunah Ave. Date signed: 2/10/42

VS 8

F 88985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 88985 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere
(c) Hospital or institution: Hebrew Aged Home 2-9
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvidere one (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Louis Goldstein

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hannah
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Tailor

11. Industry or business

FATHER
12. Name Bear Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Fruna
15. Birthplace Russia

16 (a) Informant Son Goldstein
(b) Address 2306 E. Fairmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery Beth Tfiloh Location Kingsbury Brill Rd.

18 (a) Funeral director Jack Levine Inc.
(b) Address 1439 W. Lafayette Ave

Thurlington Williams, M.D. Registrar

FEB 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1942 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1940 to 2-9 1942 and that I last saw him alive on 2-9 1942

Immediate cause of death	Duration
Bronchopneum.	
Chr. cardiovas. disease	
Arteriosclerosis	
Hypotension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levine M.D.
Address Levindale Date signed 2/10/42

VS 3

F 88986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and township)
(d) Street No. 2011 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Israel Feldman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Hannah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Riga (town, county, state or country)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Riga

MOTHER
14. Maiden Name unknown
15. Birthplace Riga

16 (a) Informant Abraham I. Nathanson
(b) Address 2011 Baker St

17 Burial (Burial, cremation, or removal) (b) Date thereof 2-10-42 (month) (day) (year)
(c) Cemetery or crematory Pikesville Hebrew Cemetery
Location Herring Run
18 (a) Funeral director Louis Levin
(b) Address [illegible]
19 (a) FEB 10, 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 19 to Feb 9 1942 and that I last saw him alive on 2/9 1942.

Immediate cause of death: Senility — Duration: over

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Kellins
Address 1847 W. North Ave Date signed 2/9/42

VS 2

F 88987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 X

F 88987

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: West Balto. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 16 6

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore MERIDALE (If outside city or town limits, write RURAL and give town)

(d) Street No. 620 Colerraine Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John W. Locker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Lillian R. Locker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/1891

8. AGE: Years 50 | Months 6 ✓ | Days 10 ✓ | If less than one day ✓ hr. min.

9. Birthplace Maryland (State, county and state)

10. Usual Occupation Atty

11. Industry or business Law firm

FATHER 12. Name John Locker

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Stebbing

15. Birthplace Germany

16 (a) Informant Lillian R. Locker

(b) Address 620 Colerraine Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)

(c) Cemetery or crematory Western Location Balto. Md

18 (a) Funeral director Lloyd May Nash

(b) Address Catonsville Md

19 (a) FEB 10 1942 (Date received by local registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1942 at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 2-7 1942 and that I last saw h[illegible] alive on 2-7 1942.

Immediate cause of death

Due to Coronary thrombosis — Duration 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold A. Good M. D.

Address WBJH Date signed 2-10-42

F 88988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hebrew aged Home
(c) Hospital or institution:
Belvedere and Greenspring Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 7 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs (f) If foreign born, how long in U. S. A.? ____ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hebrew aged Home
(If rural give location)

3 (a) FULL NAME Mike Hoffman

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation ____
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hebrew aged Home
(b) Address Belvedere & Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location Mt Carmel Road
(a) Funeral director Sol Levinson Bro
(b) Address 1126 E W Madison
(a) FEB 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1942, about 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1931 to 2-10 1942, and that I last saw him alive on 2-9 1942.

Immediate cause of death Coronary Thrombosis
Arteriosclerosis
Due to Hypertension
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Edmund Levin MD
Address Lemmdale Date signed 2/10/42

VS 3

F 88989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 88989 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere Ave & Greenspring ave
(c) Hospital or institution: Levindale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Silver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name UK.
13. Birthplace Russia

MOTHER
14. Maiden Name UK
15. Birthplace Russia

16 (a) Informant Sig. Feinblatt
(b) Address Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Lebanon
Location Jerusalem Mill Rd.

18 (a) Funeral director A. L. Levinson & Bros.
(b) Address 1124-26 W. North ave.

(a) Date received by registrar FEB 10 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1942, at 9.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1940, to 2-9 1942, and that I last saw h[illegible] alive on 2-9 1942.

Immediate cause of death: Cerebral hemorrhage
Arteriosclerosis — Duration 2-4-42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 2/10/42

VS 3

F 88990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 88990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1844 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1844 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Snowden

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23 1895

8. AGE: Years 46 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

MOTHER'S FATHER

12. Name Frederick Milbourne

13. Birthplace Maryland

14. Maiden Name Nancy Dent

15. Birthplace Maryland

16 (a) Informant Bertha Snowden

(b) Address 1844 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

(a) Funeral director Wm. Geo. H. Holland

(b) Address 1436 Druid Hill Ave.

(c) FEB 10 1942 (Date rec'd by registrar) Huntington Williams 2137

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1942, at 1 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said Inquest find that said deceased came (Autopsy or Inquest)
to her death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Kelleher M.D. Medical Examiner.

Date signed 2/10/42

V8 4

F 88991

Clary

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 837 Linden Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Clary

3 (b) If veteran, name war | 3 (c) Social Security Account No. –

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife John Clary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Howard County, Md. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

MOTHER'S MAIDEN NAME

12. Name Unknown

13. Birthplace

14. Maiden Name Margaret Snowden

15. Birthplace Howard County Md.

16 (a) Informant Edith Clary

(b) Address 837 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Dairy Cemetery

Location Howard Co Md.

(a) Funeral director Mrs. Edw. H. Holland

(b) Address 1681 Druid Hill Ave.

(a) FEB 10 1942 Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1942, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14, 1942 to Feb. 8 1942 and that I last saw him alive on Feb. 8 1942.

Immediate cause of death Bronchopneumonia

Due to Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation: –

of autopsy: No

Duration: 7 days, 2 wks, 3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide –

(b) Date of occurrence – at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas Hyde Higgins M.D.

Address 2210 Madison Ave Date signed 2/9/42

F 88992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 88992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Jackson 71611

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1900

8. AGE: Years	Months	Days	If less than one day
41	6	10	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Montford
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/42 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
(a) Funeral director Elgay Wilson
(b) Address 1000 Brookview ave
(a) (b) Huntington Williams, M.D. Registrar

FEB 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1942 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942 to Feb 5 1942, and that I last saw him alive on Feb 5 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Oakham M. D.
Address Balto. City Hosp Date signed 2-6-42

F 88993

JM 71412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 88993

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 McCulloh, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Llewellyn Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1908

8. AGE: Years	Months	Days	If less than one day
33	2	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation odd jobs and helper
11. Industry or business Mother-Contractor work

MOTHER FATHER

12. Name Briscoe Brown
13. Birthplace Maryland

14. Maiden Name Marie Lover
15. Birthplace Maryland

(a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 eastern, ave.

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) [redacted] SCHOOL FEB 10 1942
Location Commissioner of Health

(a) Funeral director Per H. A. Moore
(b) Address

FEB 9-01942 Hunterington Williams, M.D.
(Date rec'd by registrar) Registrar

4037

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1942, at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 1-29 1942 and that I last saw her alive on 1-29 1942.

Immediate cause of death Uremia
Due to Paralytic Ileus
Due to Urinary extravasation
Due to Urethral Stricture

Duration
9 da
9 da
?
over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-25-42
Major findings of operation: Cystotomy, Ileus, uremia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Nott M. D.
Address Balto City Hosp Date signed 1-6-42

F 88994

BALTIMORE CITY HEALTH DEPARTMENT ✓ 94-W F 88994 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 So Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Haley (white)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife Sylvester White (Living)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 10 1942
Location Commissioner of Health
(a) Funeral director Per H. A. Moore
(b) Address
FEB 10 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) 7038 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27. 1942 at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertension.	
Coronary occlusion.	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Anderson M.D.
Medical Examiner
Date signed 1/28/42

VS 6

F 88995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

Registered No. F 88995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Belo.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name McMann
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
(a) Funeral director Per H. A. Moore
(b) Address Huntington Millicuse, M.D.

FEB 10 1942 (Date rec'd by registrar) 7039 Registrar

JOHNS HOPKINS MEDICAL SCHOOL
FEB 10 1942
COMMISSIONER OF HEALTH

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1942, at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral apoplexy with acute myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner. M.D.
Date signed 1/31/42

VS 6

F 88996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 88996 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 East 22nd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Blessick (Thomas Williams)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) JOHNS HOPKINS MEDICAL SCHOOL FEB 10 1942

Location Commissioner of Health

(a) Funeral director

(b) Address Per H. Butler Huntington Williams, M.D.

FEB 10 1942 (b) 7020

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1942 at 12 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came to (Autopsy or Inquiry)
his death on the day stated above.

Immediate cause of death — Duration

Hypertension cardiovascular disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Sadler M.D.
Medical Examiner.

Date signed 2/10/42

F 8899?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No. F 8899?

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N. Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH B. KELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Aberdeen Md. (Town, county, and state)

10. Usual Occupation Own' House Work

11. Industry or business

MOTHER FATHER

12. Name Hezakiah Kell

13. Birthplace Aberdeen Md.

14. Maiden Name Ida Moulton

15. Birthplace Va.

16 (a) Informant Clement Moulton

(b) Address 514 Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto Co.

(a) Funeral director Chas. H. Alexander

(b) Address 927 N. Mount St

(a) (Date received by Registrar) (b) FEB 10 1942 Registrar

Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1942 at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed Feb 9-42

F 88998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 88998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5131 Benton Hts Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annie Brockmeyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Brockmeyer 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12-1871

8. AGE: Years 66 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation AT HOME.

11. Industry or business

FATHER 12. Name Richard Kraemer
13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Rank
15. Birthplace Germany

16 (a) Informant Geo L Brockmeyer
(b) Address 5131 Benton Hts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rest
Location

18 (a) Funeral director Leonard J Roche
(b) Address 5305 Harford Road

19 (Date received by registrar) FEB 10 1942 (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9-42 19 , at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30-42 19 , to 2-9-42 19 , and that I last saw h CR alive on 2-9 1942.

Immediate cause of death Hypertensive Cardiovascular Renal Disease — Duration 6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R B Williams M. D.
Address Univ. Hosp. Date signed 2-9-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

88999 88999

CERTIFICATE OF DEATH

1941 66 105 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Madeira St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Fuka

(a) Residence: No. 925 N. Madeira St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Fuka

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Jos Fuka

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Dusk

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT wife (Address) 925 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/11/42 19

19. UNDERTAKER Wm. E. Schumacher (Address) 2[illegible] E. Madeira St

20. FILED FEB 10 1942 Huntington Williams M.D.

FEB 10 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1942 to Feb 6 1942 that saw h[illegible] alive on Feb 6 1942 Death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Cardiovascular Renal

Other significant contributory causes of importance:

Senility

Prostatectomy

Was operation performed? no Date of operation .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Reed Buschey M. D.

(Address) 111 N. Calvert, Balto.

FEB 10 1942

93

F 89000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89000

CERTIFICATE OF DEATH

1-2-47-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 E. Eager St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kondella

If U. S. Veteran specify WAR .....

(a) Residence: No. 2432 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Kondella

6. DATE OF BIRTH (month, day, year) Dec 11 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME James Kondelka

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Kaffa

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT wife (Address) 2432 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/13/42, 19

19. UNDERTAKER Chas. E. Schumeyer (Address) 3461-B Madison Ave

20. FILED FEB 10 1942 Huntington Wilt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-42

22. I HEREBY CERTIFY, That I attended deceased from 1-4-42 to 2-9-42

I last saw him alive on 2-9-42, 19 12 Death is said to have occurred on the date stated above, at 5 PM

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	2 days
Lung.	

Other contributory causes of importance:

Acute Cardiac Dilatation 14 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Microscopic Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

FEB 10 19[illegible]

F 89001 27 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 89001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address B
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Maiden Choice Lane (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Rev. John J. Fanelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1869

8. AGE: Years	Months	Days	If less than one day
72	11	26	---hr. --- min.

9. Birthplace Clarksburg, W. Va. (Town, county, and state)

10. Usual Occupation Roman Catholic Priest

11. Industry or business -------

FATHER 12. Name Not obtainable
13. Birthplace " "

MOTHER 14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Very Rev. Geo. A. Gleason
(b) Address Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory St. Charles College
Location Catonsville, Md.

18 (a) Funeral director H. W. Meyers and Son
(b) Address 1025 N. Calvert Street

19 (a) FEB 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942, at 7 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 9 1942 and that I last saw him alive on Feb 9 1942

Immediate cause of death	Duration
Benign Prostatic Hypertrophy	
Due to: Diabetes Mellitus	
Bronchial Asthma	
Due to: Hypertensive C-V disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hospital Date signed 2-9-42

F 89002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 89002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 W. 29th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W. 29th Street (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Rodney James Sumwalt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) July 29, 1913

8. AGE: Years	Months	Days	If less than one day
28	6	9	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Post Office

FATHER
12. Name Harry Sumwalt
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Ryan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Margaret Ryan Sumwalt
(b) Address 209 W. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meeks Mortuary
(b) Address 805 N. Calvert Street

19 (a) FEB 10 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

FEB 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1941 to Feb 8 1942 and that I last saw h[illegible] alive on Feb 8 1942

Immediate cause of death
Bilateral acher for stomach
Pulmonary Embolism

Duration 14 Hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2904 Ruskin Road Date signed 2/9/42

F 89003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 89003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA LIEBEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1868

8. AGE: Years	Months	Days	If less than one day
73 72	6	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business —

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice ?
15. Birthplace Ireland

16 (a) Informant Ambrose Lieben
(b) Address 513 S. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk, Ave.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) FEB 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9. 1942 at 10:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular	
Due to Disease	
Due to	
Other Conditions Uo	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Uo

of autopsy: Uo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wellemeier M.D. Medical Examiner.

Date signed 2-9-42

VS 6

F 39004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

156

F 39004 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanette Lawson (Birth F-40565)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/28/41

8. AGE: Years | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation 3

11. Industry or business

FATHER 12. Name Anthony Pritchard
13. Birthplace Md.

MOTHER 14. Maiden Name Palmetto Lawson
15. Birthplace Md.

16 (a) Informant Palmetto Lawson
(b) Address 723 W Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 11 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hobart
(b) Address 9 S Broadway

19 FEB 10 1942 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942 at 3:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Malnutrition — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner.)
Date signed 2/9/42

VS 6

F 89005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 89005

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 McCulloh st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 McCulloh st.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Lucinda Donnell

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35 34			..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation maid
11. Industry or business

FATHER
12. Name John Banks
13. Birthplace Va.

MOTHER
14. Maiden Name Martha
15. Birthplace Va.

16 (a) Informant James Donnell
(b) Address 1202 McCulloh st.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Middlesex
Location Middlesex Blvd

18 (a) Funeral director Adolphus Talbot
(b) Address 968 Druid Hill Ave

FEB 10 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1942 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1st 1942 to Feb. 7, 1942 and that I last saw her alive on Feb. 7, 1942

Immediate cause of death Bronchial Pneumonia — Duration 1 day

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operations: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. White M. D.
Address 723 George St Date signed 2-8-42

VS 8

F 89006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87E

F 89006
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 546 N Mount St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Nora Garrison (Birth F-2 7185)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Black	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 4/22/41

8. AGE: Years	Months	Days	If less than one day
	9	18	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name John Garrison
13. Birthplace Md.

MOTHER
14. Maiden Name Mazie Johnson
15. Birthplace Baltimore Md

16 (a) Informant Mazie Garrison
(b) Address 546 N Mount St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Adolph Wyatt & Sons
(b) Address 916 Druid Hill Ave.

19 (a) FEB 10 1942 Huntington, W. Va.
Date Received by Registrar (b) Place of burial or removal

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942; at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1 1941 to February 10 1942; and that I last saw her alive on February 10 1942.

Immediate cause of death Pneumococcic meningitis

Due to eczeema

Due to pneumonia

Other Conditions Central Spastic paralysis; congenital cataracts.
(Include pregnancy within 3 months of death)

Date of operation January 29, 1942

Major findings of operation: One cataract needled.

of autopsy: .....

Duration
one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Lorman A. Levinson, M.D.
Address University Hospital Date signed February 10, 1942

correct age is especially important. Physicians: please write the cause of death very legibly.

89007

BALTIMORE CITY HEALTH DEPARTMENT X 170-e ✓ F 89007

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Pauloboro (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 River Front (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joan Richardson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 18 - 1938

8. AGE: Years	Months	Days	If less than one day
3	4	22	hr. min.

9. Birthplace Pauloboro N. J. (town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER 12. Name Robert Richardson

13. Birthplace N. J.

MOTHER 14. Maiden Name Elsie Reed

15. Birthplace N. J.

16 (a) Informant Robert Richardson

(b) Address 110 Riverfront Ave Pauloboro N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-1942 (month) (day) (year)

(c) Cemetery or crematory Eglington Cem

Location Clarkstown N. J.

18 (a) Funeral director Wm L Beyer Jr

(b) Address 1512 Hollins St

19 Filed FEB 10 1942 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10- 1942, at 9 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Fractured Skull

Due to

Due to

Other Conditions Hematoma, Extra-cranial hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 35 5

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 2-9-42 at 1.10 A M

(c) Where did injury occur Pennington Ave, Anne Arundel Co. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No

(e) Means of injury Auto: passenger, collision, rear end.

23. Signature: Howard J. Bierbaum M.D. Medical Examiner.

Date signed 2-10-42

F 89008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 89008 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Sauble

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. School-boy

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27, 1928

8. AGE: Years 13 | Months 9 | Days 12 | If less than one day hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name V.
13. Birthplace V.

MOTHER
14. Maiden Name Elizabeth Sauble
15. Birthplace Maryland

16 (a) Informant William E Sauble
(b) Address 5267 Cordelia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9-1942, at 4:25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull - Compound comminuted

Due to

Due to

Other Conditions Contusion of brain Both lungs & liver lacerations (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 2/10
(b) Date of occurrence 2-9-42 at 4 P.M.
(c) Where did injury occur? Woodbourne, Rodgers Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Skating, struck by automobile

23. Signature Howard J. Claudais M.D. Medical Examiner.

Date signed 2-9-42

VS 6

correct age is especially important

F 89009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-c

F 89009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Hennenman Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph R. Leyrer

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mrs. Christina Leyrer 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-23-1883

8. AGE: Years	Months	Days	If less than one day
58	4	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business

FATHER
12. Name Richard Leyrer
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Schmidt
15. Birthplace Germany

16 (a) Informant Mrs Christina Leyrer
(b) Address 1806 Hennenman Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director H. Kleiman Cook
(b) Address 127 St. Paul St

19 (a) 2-11-1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1942 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1941 to Feb. 10 1942, and that I last saw him alive on Feb. 10 1942.

	Duration
Immediate cause of death: Bronchogenic Carcinoma Right	6 - 8 mos.
Due to:	
Due to: Lung abscess (R.)	
Other Conditions: Thrombosis Pulm. vena Cava	? 2 mos.
Thin metastases.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Thomas Kirwin M. D.
Address Lincoln Trust Co. Date signed 2/13/42

Please write clearly. Physicians: please write the causes of death clearly and legibly. Also correct age in especially important.

VS 3

F 89010

F 89010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Pennsylvania Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lennie Marshall

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Widowed

6 (b) Name of husband or wife William Marshall 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Washington, D. C. (town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Edward Howard
13. Birthplace Va.

MOTHER
14. Maiden Name Betsy Gatewood
15. Birthplace Va.

16 (a) Informant Raymond Marshall
(b) Address 703 Pennsylvania Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director Chas. E. Applegate
(b) Address 17 or Mt Calvary Huntington Williamsport, Md.

19 (a) FEB 11 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9/42 19 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31/42 to 2/9/42 and that I last saw him alive on 2/9/42.

Immediate cause of death Lung Edema — Duration ✓

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. C. Elvia M. D.
Address 504 Woodington Date 2/10/42

VS 5

F 89011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13 P

F 89011 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Baltimore~~ CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 181 da
on TB
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Skinkis 13147 (Adm. to Inf. 10/24/29)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1887

8. AGE: Years	Months	Days	If less than one day
54	4		hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation presser
11. Industry or business

FATHER
12. Name Jos. Skinkis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Anna
15. Birthplace Lithuania

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer, Location Blair Rd.

18 (a) Funeral director Joseph Kasmokas Sons
(b) Address 61 E Washington Blvd.

19 (a) FEB 11 1942 (Date received by Registrar) (b) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1942, at 6:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1941 to Feb. 8 1942 and that I last saw him alive on Feb 8 1942

Immediate cause of death Pulmonary tuberculosis — Duration: 7 mos

Due to

Due to

Other Conditions Diabetes mellitus — Duration: 11 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun
Address Balto. City Hosp. Date signed 2-9-42 M. D.

F 89012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2608 Cole St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 Cole St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie L. M. Garrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clayton Garrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1883

8. AGE: Years 58 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Henry Miller
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Jones
15. Birthplace Maryland

16 (a) Informant Miss Mhrie Garrett
(b) Address 2608 Cole St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Edmondson Ave + Longwood.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 8 19 42, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1941 to Feb 8 1942 and that I last saw h alive on Feb 5 1942

Immediate cause of death: CARDIO VASCULAR DISEASE — Duration 3

Due to ARTERIOSCLEROSIS — Duration

CHRONIC NEPHRITIS — Duration 11-41

Due to ARTERIOSCLEROSIS — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Murland M. D.

Address 68 W Washington St Date signed Feb 10 1942

VS 2

CORRECT AGE IS ESPECIALLY important. Physicians, please write out causes of death fully and legibly.

F 89013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 89013 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 94 da
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Robinson 69799

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-2476

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Susie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1903

8. AGE: Years	Months	Days	If less than one day
39	0	25	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER
12. Name B. R. Robinson
13. Birthplace S.C.

MOTHER
14. Maiden Name ?
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial, cremation, or removal (b) Date thereof 2-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Lawrence
Location
18 (a) Funeral director Adolphus Hayes
(b) Address 918 Lund Ave
19 (a) FEB 11 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 19 42 at 4:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1941, to Feb 9 1942, and that I last saw h im alive on Feb 9 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	11 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-10-42

VS 3

39014

HEALTH DEPARTMENT—CITY OF BALTIMORE

39014

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 W Lafayette Ave 14th Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Daneria Melzetta Sommerville If U.S. Veteran specify WAR _____

(a) Residence: No. 544 W. Lafayette Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (DAUGHTER) of (or) WIFE of Albert Sommerville

6. DATE OF BIRTH (month, day, year) 11/1/1892

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Richard Roach

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ellen Reynolds

16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT Connie Durant
(Address) 544 W Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Camden Date 2-14-43

19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill Ave

20. FILED FEB 11 1943 Huntington Williams, M.D.
Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 19 43

22. I HEREBY CERTIFY, That I attended deceased from June 3, 19 42 to Feb 8, 19 43
that saw h[illegible] alive on Feb 8, 19 43 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	July 0/42
Other contributory causes of importance: Nephritis	June 3/42

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 ____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) William Frey M. D.

(Address) 1928 Parma Ave.

F 89015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a Registered No.

F 89015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution: 33rd & Calvert Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 2733 Hugo Ave. City (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Julius (Carrie) Hunton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Mr. Julius Hunton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 19, 1896

8. AGE: Years	Months	Days	If less than one day
45	11	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W. Marsh
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carrie Marsh
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Julius Hunton
(b) Address 2733 Hugo Ave. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address 1947 North & Ry Ave.

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1942, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1942 to February 9 1942, and that I last saw h.er alive on February 9 1942.

Immediate cause of death
uremia — Duration 1 wk.
Due to Pyelonephritis — 2 wks.
Due to
Other Conditions Malignancy — 6 months
Essential hypertension
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thompson, Pearcy M. D.
Address Union Memorial Hospital Date signed 2/9/42

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 89016

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 E. Lafayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Md
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 E. Lafayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

8-5

3 (a) FULL NAME Stonewall J. Atchison

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	219- 01- 7744

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elmira Atchison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1865

8. AGE: Years	Months	Days	If less than one day
76	2	16	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)
10. Usual Occupation Ship Calker-Beth. Steel Co.
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Elmara Atchison
(b) Address 1830 E. Lafayette Ave.

17 (a) Burial (b) Date thereof 2/11/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons Inc.
(b) Address North & Pa Aves City

19 (a) FEB 11 1942
(Date Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24 1939 to 2-9 1942 and that I last saw him alive on Feb 8 1942

Immediate cause of death: Generalized Arteriosclerosis with Parkinsons Disease - Cerebral Arteriosclerosis Myocarditis:

Due to

Other Conditions Cardiac Dilatation and Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 years last illness; 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Ackerberg M. D.
Address 2025 E. Northern Pky Date signed 2/9/42

Huntington Williams, M.D.

F 89017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 aF 89017 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 W Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Moses Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1876

8. AGE: Years 65 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Estella Gaither

(b) Address 1626 W Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 3224 Edmondson Ave.

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 19 42, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to Feb 1 1942 and that I last saw h alive on Feb 1 1942.

Immediate cause of death

Due to Cerebral Hemorrhage

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address 826 [illegible] Date signed 2-7-42

VS 3

F 89018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F 89018 Registered No.

HC(61539)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 2mos. 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Carlton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1864

8. AGE: Years	Months	Days	If less than one day
77	10	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Odd jobs

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Lizzie Car
15. Birthplace Maryland

16 (a) Informant Balto. records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 FEB 11 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-8 1942 at 4 58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940 to 2-8 1942.
and that I last saw him alive on 2-8 1942.

Immediate cause of death Squamous Cell Carcinoma of cervix

Duration 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 10-6-41
Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Hebb M.D.
Address Balto City Hosp Date signed 2-10-42

F 89019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 89019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Jasper Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Clarence Barnes Bond

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-5225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Bond
15. Birthplace Md.

16 (a) Informant Frances Coates
(b) Address 932 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) FEB 11 (Date rec'd by registrar) (b) 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942 at 12 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Fractured skull; Laceration of brain	
Due to: Subdural hemorrhage	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/8/42 at 1a M
(c) Where did injury occur? Baltimore Md Park St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify home, farm, or place) While at work? No
(e) Means of injury: Fell from car - struck by automobile

23. Signature H. Vandercluft M.D. Medical Examiner.
Date signed 2/9/42

VS 6

F 89020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

F 89020 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Waesche St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Waesche St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Col.	Married

6 (b) Name of husband or wife William Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4. 1879

8. AGE: Years	Months	Days	If less than one day
62	5	4	hr. min.

9. Birthplace Muirkirk - Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Moore
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla
15. Birthplace Md.

16 (a) Informant Herman Moore
(b) Address 723 Waesche St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) FEB 11 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 8 - 1942, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12- 1942, to 2-8- 1942, and that I last saw h-er alive on 2-6- 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to —	
—	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Cargill M. D.
Address 611 N. Caroline Date signed 2-10-42

Wm. H. Cargill

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

F 89021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89021

√94 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 Willard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Willard st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Mae Summers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	White	

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1873

8. AGE; Years	Months	Days	If less than one day: hr.	min.
68	8	8		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Burroughs
13. Birthplace Md

MOTHER
14. Maiden Name Martha Lane
15. Birthplace Md.

16 (a) Informant James L. McCully
(b) Address 1130 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Edmondson Ave

18 (a) Funeral director D. F. & C. Casey
(b) Address 20 E. Fort Ave

19 FEB 11 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1942, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Hardcastle M.D. Medical Examiner.
Date signed 2/9/42

VS 6

F 89022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 89022

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Tate ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

256

3 (a) FULL NAME Edward J. Gladek Jr. (Birth F-28775)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1941

8. AGE: Years	Months	Days	If less than one day
	8 mo	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward J. Gladek, Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth V. Teal
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 3224 Tate ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Location Brooklyn, Md.

18 (a) Funeral director George A. Weber
(b) Address 2935 E. Lexington

1942 FEB 11 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1942, to Feb 10 1942, and that I last saw him alive on Feb 10 1942

Immediate cause of death Meningitis and Pneumonia: Miliary Tuberculosis

Due to Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration: 18-20 days; one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gladstein, M. D.
Address Sydenham Hospital Date signed 2-11-42

VS 3

Please write the cause correct age is especially important. Physicians: please

F 89023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Abbott Court. S. Side Homes Apartments
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Homes
(d) Street No. 1028 Abbott Court Southern Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philomena M. Bornhorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband or wife John H. Bornhorn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1849

8. AGE: Years	Months	Days	If less than one day
92	3	20	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Alexandra Albrecht
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalena Sochner
15. Birthplace Germany

16 (a) Informant Mary H. Bornhorn
(b) Address 1028 Abbott Court Southern Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Heath + Sons Inc
(b) Address 1301 E. Eager St.

19 (a) FEB 11 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13-1925 to 2-10-1942 and that I last saw her alive on 2-9-1942.

Immediate cause of death

Senility

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Sybert M. D.
Address 2807 Harford Rd Date signed 2-18-42

PLEASE ... correct age is especially important. Physicians: please write the causes of ...

VS 8

Burr #2 32

Bel 4840

F 89024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 89024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3045 Guilford ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3045 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Helen S. Forster

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 17 - 1890

8. AGE: Years	Months	Days	If less than one day
51	3	28	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name J. George Forster
13. Birthplace Baltimore Maryland.

MOTHER
14. Maiden Name Katherine S. Schaufler
15. Birthplace Baltimore, Maryland

16 (a) Informant Louis S. Forster
(b) Address 3045 Guilford ave

17 (a) Burial (b) Date thereof 2/12/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location 5712 O'Donnell St.

18 (a) Funeral director H. W. Myers and Son
(b) Address 805 E. Calvert Street

19 FEB 11 1942 Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 6

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9- 1942 at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition thereof and from the evidence
(Autopsy or Inquiry)
obtained by said Inquisition and that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-9-42

F 89025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 5. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Hempel

3 (b) If veteran, name war

3 (c) Social Security Account No. No number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28 1877

8. AGE: Years	Months	Days	If less than one day
64	10	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business House furnishings

FATHER 12. Name Wm Hempel

13. Birthplace Germany

MOTHER 14. Maiden Name Susana Ebert

15. Birthplace Germany

16 (a) Informant Mrs Emma Hempel

(b) Address 1501 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 11-1947 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Balto City

18 (a) Funeral director John Ulrich

(b) Address 2008 Allegheny

19 (a) FEB 11 1947 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9- 1947, at 9.50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy on person and from the evidence obtained by said Inquest - Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death Crushed Chest.

Due to

Due to

Other Conditions Traumatic abscess of brain Bruises.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-9-47, 9.40 P.
(c) Where did injury occur? Baltimore (City or town) Cathedral St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by automobile, riding a bike

23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 2-10-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 4

F 89026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 E

F 89026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Tunbridge Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. CHASE
(c) City or town Harwood Pk. (If outside city or town limits, write RURAL and give town) HARWOOD PK
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaretta Spielman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Gotfried Spielman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 12 1868

8. AGE: Years	Months	Days	If less than one day
72	6	28	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Middlestadt
(b) Address Harwood Pk.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13th 42 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Balto. Co. Md

18 (a) Funeral director Lasalm Funeral Home
(b) Address 7401 Belair Rd.

19 Feb 11 1942 (b) Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1942 to 2/10 1942 and that I last saw her alive on 2/10 1942

Immediate cause of death: Intestinal Obstruction — Duration

Due to Generalized Carcinomatosis of abdomen — Primary site unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Generalized abdominal Carcinomatosis
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Reisinger M.D.
Address 6701 York Rd Date signed 2-10 1942
Towson Md

VS 3

89027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89027 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 118 S. High Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Sommers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Widowed

6 (b) Name of husband or wife Cecelia Langon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
53	10	9		

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Benjamin Somers
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Amelia Wiley
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd. Balto Md.

18 (a) Funeral director George Pugh Inc.
(b) Address 1230 Eutaw Pl. Balto.

19. (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1942, at 3:25p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1942 to Feb. 10, 1942, and that I last saw him alive on Feb. 10, 1942.

Immediate cause of death: Lobar pneumonia — Duration: Several weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Williams M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 2/11/42

F 89028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89028

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000-E. Hoffman Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) --

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000-E. Hoffman St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME Hugh O'Connor

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

MEDICAL CERTIFICATION

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary (Driscoll)

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 4/18/1884

8. AGE: Years 57 | Months 9 | Days 22 | If less than one day hr. - - - - min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Retired-Tavern Keeper

11. Industry or business

FATHER
12. Name Hugh H. O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen (Cronin)
15. Birthplace Ireland

16 (a) Informant Mrs. May Sullivan
(b) Address 7-Falmouth Av. Lawrence, Mass.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director George C. Ruth Inc.
(b) Address 4735-Harford Ave.

19 (a) Filed Feb 13 1942 Huntington Williams, M.D. Registrar

20. DATE OF DEATH Feb 10 1942 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Feb 10 1942 and that I last saw h-- alive on Feb 10 1942

Immediate cause of death: Cardio-Vascular-Renal Disease — Duration 7 yrs.
Due to alcoholism
Due to
Other Conditions Alcoholism, pneumonia — 4 wks.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 714 E. Preston Date signed Feb 16 1942 M. D.

correct age is especially important. Physicians, please

VS F 611

F 89029 ✓ F 89029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Clarkson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Wenzell Mittelbrun (and Wencel Mittelbrun)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife (nee Inga) Deceased 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 23, 1881

8. AGE: Years	Months	Days	If less than one day
60	10	10	hr. min.

9. Birthplace Austria Hungary (Town, county, and state).

10. Usual Occupation Retired - (Blind Disability)

11. Industry or business

FATHER
12. Name John Mittelbrun
13. Birthplace Austria Hungary —

MOTHER
14. Maiden Name Katherina Jozsal
15. Birthplace Austria Hungary

16 (a) Informant Mrs. Elizabeth Zeran (Sister)
(b) Address 1623 Clarkson St.

17 (a) Burial — (b) Date thereof Feb 13 1942 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 St. Charles St.

19 (a) FEB 11 1942 (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1942 to Feb 10 1942 and that I last saw him alive on Feb 10 1942.

Immediate cause of death	Duration
Trauma. Paralytic Ileus intestinal obstruction	
Due to Strangulated Hernia	
Due to Peritonitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy Gangrenous ileum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Gaademan Jr. M.D.
Address Franklin Sq. Date signed 2/10/42

VS 3

F 89030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B F 89030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4209 Belvieu Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 Belvieu Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie C. Martin

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. J. Martin

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1870

8. AGE: Years 71 | Months 1 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name David Russell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Cecilia Beland
15. Birthplace Balto. Md

16 (a) Informant Wm. J. Martin
(b) Address 4209 Belvieu Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director Robert S. Little
(b) 1542 Edmondson Ave.

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 19 42 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/4 1942 to 2/10 1942 and that I last saw h[illegible] alive on 2/10 1942.

Immediate cause of death

Coronary Occlusion

Due to Arteriosclerosis

Due to

Other Conditions Chronic Myocarditis

Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy: None

Duration
1 hr.
Chronic

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Williams M. D.

Address 1401 Eutaw Pl. Date signed 2/11/42

Please correct age is especially important. Physicians, please [illegible]

VS 2

F 89031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89031 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 S. Augusta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Catherine Kernan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1861

8. AGE: Years	Months	Days	If less than one day
80	11		hr. min.

9. Birthplace Ohio. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Thomas Campbell
13. Birthplace England.

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Ohio.

16 (a) Informant Jerome Kernan
(b) Address 120 Dunkirk Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Fowling
(b) Address Fulton & Fayette

19 (a) FEB 11 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1942 at 11 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19, 1942 to Feb 10 1942 and that I last saw her alive on Feb 10 1942

	Duration
Immediate cause of death Myocardial Infarct + A	3 weeks
Due to Arteriosclerosis	
Due to	
Other Conditions Pulmonary Infarct (Include pregnancy within 3 months of death)	10 days

Date of operation
Major findings of operation: Arteriosclerosis - Myocardial Infarct - Mural Thrombus
of autopsy. There was a Pulmonary Infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Kernan, M.D. M.D.
Address Church Home & Inf. Date signed 2/11/42

PLEASE WRITE... correct age is especially important. Physicians: please write the cause...

VS 8

89032 HEALTH DEPARTMENT—CITY OF BALTIMORE 89032

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. William Buckheit If U. S. Veteran specify WAR

(a) Residence: No. 1601 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of S.S. No. 220-02-5773

6. DATE OF BIRTH (month, day, year) Dec 28 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Buckheit

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Mamero

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Beth Ware (Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/12/42

19. UNDERTAKER Jump & Fahey (Address) Fulton & Fayette

20. FILED FEB 11 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1942, to Feb. 9, 1942

I last saw h Wife alive on Feb. 9, 1942. Death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	2/6

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 8, 42

For what disease or injury?

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joshua M. Perman, M. D.

(Address) West Balto. General Hospital

SEE CAUSES OF DEATH AND OCCUPATION in very important. See instructions on back of certificate

VS 2

F 89033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5443

F 89033 Registered No.

PLEASE WRITE plainly, with pen and ink. Physicians: please write the causes of death in terms which will correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Cottage City, Brentwood, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Spa St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Angeline Lubke

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1893

8. AGE: Years	Months	Days	If less than one day
49 48			hr. min.

9. Birthplace — ?
(Town, county, and state)
10. Usual Occupation Secretary.
11. Industry or business U.S. Veterans Administration

FATHER 12. Name Henry Lubke
13. Birthplace — Germany.

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant P.J. Nunnaker
(b) Address same as above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory
Location Hyattsville, Md.

18 (a) Funeral director Francis Enoch Sons
(b) Address Hyattsville Md.

19 (a) (Date received by local registrar) FEB 11 1942 (b) Huntington Mills Williamsburg, Md. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/42 19 at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9/42 19 to 2/10/42 19, and that I last saw [illegible] alive on 2/10/42 19

Immediate cause of death Myocardial failure. — Duration 3 days

Due to Brain tumor — Duration 6 mos. (?) over

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation 1/15/42
Major findings of operations Brain tumor left parietal region
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence S. Cannon, M.D.
Address University Hospital Date signed 2/10/42

F 89034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a F 89034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Clay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-99

8. AGE: Years 43 | Months - | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Charles Adams

13. Birthplace Md.

MOTHER 14. Maiden Name Maggie Bates

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)

(c) Cemetery or crematory Bellevue

Location Jacob's County

18 (a) Funeral director H. Norman Mitchell

(b) Address Mitchell

19 (a) Filed by [illegible] (b) [illegible] Registrar

FEB 11 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 10 1942 and that I last saw her alive on Feb 10 1942

Immediate cause of death Meningitis SEPTICEMIA

Due to PNEUMOCOCCUS TYPE 18

Due to

Other Conditions Exhaustion; Cardiac failure.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Dunscomb

Address Johns Hopkins Hospital Date signed Feb 11 1942

PLEASE WRITE PLAINLY. Physicians: please write the [illegible] correct age is especially important.

F 89035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-a F 89035 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S. Linwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK RASINSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-6788

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Stella

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1901

8. AGE: Years	Months	Days	If less than one day
40	4	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business Clerk - Illinois

FATHER
12. Name James Rasinski
13. Birthplace Poland

MOTHER
14. Maiden Name Eva Slomik
15. Birthplace Poland

16 (a) Informant Mrs. Stella Rasinski
(b) Address 603 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Welsey
(b) Address 404 S. Chester St

19 FEB 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 19 42 at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
Autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 8, 42 at 12 07 a M
(c) Where did injury occur? Boston & East Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury passenger in auto car which struck freight train car

23. Signature H. L. Williamson M.D. Medical Examiner.
Date signed 2-8-42

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

VS 6

F 89036

Dr F Adams

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1894

8. AGE: Years 47 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace N. C (Town, county, or state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Auston Jones
13. Birthplace NC

MOTHER 14. Maiden Name Lucy Jones
15. Birthplace NC

16 (a) Informant Eva Watkins
(b) Address 1231 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1462 E. Preston St

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1942, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942 to Feb. 9 1942
and that I last saw h[illegible] alive on Feb. 4 1942

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Essential Hypertension ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. F. Adams.
Address 1222 N. Caroline signed 2-11-42

VS 3

F 89037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-2

Registered No. F 89037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Lancaster Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER A WICKES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Marion Wickes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12-1915

8. AGE: Years	Months	Days	If less than one day
27	2b	28	hr. min.

9. Birthplace Rock Hall Md. (Town, county, and state)
10. Usual Occupation Tire retreader
11. Industry or business

FATHER
12. Name Walter Wickes Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Hyman
15. Birthplace Md.

16 (a) Informant Marion Wickes
(b) Address 3825 Lancaster Ave, Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Lawn
Location Del. Co. Pa.

18 (a) Funeral director Samuel W. Evans Jr & Son
(b) Address 6300 Richmond St.

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of base of skull — Duration
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation 2-10-42
Major findings of operation: as above
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-10-42 at 6P M
(c) Where did injury occur? Before Rd. House (City or town) (County) (State)
County Pa. N Radnor
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Auto car crushed in tunnel

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-11-42

VS 4

F 89038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6421 Reisterstown Rd
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 - 8 - 25
(e) Length of stay in Baltimore (yrs., mos., or days) 44 - 8 - 25

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County —
(c) City or town Washington DC.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) If foreign born, how long in U. S. A.? (44yrs) years

3 (a) FULL NAME Elizabeth Keep

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
85	—	—		

9. Birthplace Washington, DC
(Town, county, and state)

10. Usual Occupation Counter work

11. Industry or business —

FATHER
12. Name Don't Know
13. Birthplace " "

MOTHER
14. Maiden Name Don't Know
15. Birthplace " "

16 (a) Informant Mrs Hyde Rivards
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 193 W. MOUNT AVENUE

19 (a) FEB 11 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1942, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 34 to Feb. 11 1942
and that I last saw her alive on Feb. 11 1942.

Immediate cause of death Cardiovascular Collapse - Acute — Duration 2 Days.

Due to Chronic Myocardial degeneration. — 10 years

Due to —

Other Conditions Psychosis - Schizophrenia. — 44 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. F. Alagia M. D.
Address 3316 Fairfield Ave Date signed

VS 8

89039 JM 69931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E F 89039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 E. North, Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Shortell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1882

8. AGE: Years	Months	Days	If less than one day
59	4	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Unemployed

FATHER
12. Name Michael (D)
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Leonard Meade
(b) Address 1305 Hartford Rd

19 (a) FEB 11 1942 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1942, at 11:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1941, to 2-9 1942, and that I last saw h[illegible] alive on 2-9 1942.

Immediate cause of death	Duration
Cardiac Failure	1 yr
Due to Degeneration of C-V Disease	2 yr
Neoplasm of undetermined origin	
Due to with metastases to spine	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald A. Kelly M. D.
Address Balto City Hosp Date signed 2-10-42

COPY

VS 2

89040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Bayonne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Bayonne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. Heinz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sigrid Heinz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7-1877

8. AGE: Years	Months	Days	If less than one day
64	8	3	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Philip Heinz
13. Birthplace Balto Md

MOTHER
14. Maiden Name Christina Herman
15. Birthplace Balto Md

16 (a) Informant Mrs Sigrid Heinz
(b) Address 3007 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard J. Rock
(b) 4502 Harford Road

19 (a) FEB 11 1942 (Date rec'd by registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25-1941 to 2-10-1942 and that I last saw him alive on 1-26-1942

Immediate cause of death	Duration
Myocardial Failure	2 weeks
Due to Chronic Myocarditis	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4502 Harford Rd Date signed 2-11-42

VS 3

89041
41156 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 + V

F 89041
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Tuscarora
(If outside city or town limits, write RURAL and give town)
Street No. Frederick Co
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Stumble

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lena G Moler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis Stumble
13. Birthplace Md

MOTHER 14. Maiden Name Mary J. Looman
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14. 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet Cem
Location Frederick Maryland

18 (a) Funeral director M. R. Eckenrode & Son
(b) Address Frederick, Maryland

19 FEB 11 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to Feb 11 1942 and that I last saw him alive on Feb 11 1942

Immediate cause of death	Duration
Uremia NPN 284 mgs.	
Acidosis.	
Due to Diabetic Nephritis Prostatic hypertrophy, Marked	
Due to Arteriosclerosis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John S. Hanes M.D.
Address Johns Hopkins Hosp Date signed 2/11/42

VS 3

409957
F 89042

BALTIMORE CITY HEALTH DEPARTMENT 54-B F 89042

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Charles St & 34 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Egbert R. van Kampen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-28-08

8. AGE: Years 33 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Holland (Town, county, and state)

10. Usual Occupation Prof-

11. Industry or business

FATHER
12. Name Laurens Jan Kampen
13. Birthplace Holland

MOTHER
14. Maiden Name Johanna Schilfgaarde
15. Birthplace Holland

16 (a) Informant Picard
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore

18 (a) Funeral director H. W. Meares and Son
(b) Address 505 N. Calvert St

19 (a) FEB 11 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11- 1942 at 6^10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15- 1942 to 2-11- 1942 and that I last saw h~~e~~ alive on 2-11- 1942.

Immediate cause of death Meningitis
Beta hemolytic Streptococcus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-19-42

Major findings of operation: Malignant recurrent brain tumor

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Ravitch M. D.
Address Johns Hopkins Hospital Date signed 2-11-42

VS 2

45

89043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 89043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3045 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. Charles & 31 (If rural give location)
(e) Citizen of foreign country? --- (Yes or No) If yes, name country ---

3 (a) FULL NAME Sarah Jane Fehsenfeld

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Albert G. Fehsenfeld
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) August 17, 1865

8. AGE: Years	Months	Days	If less than one day
76	5	22	--hr. --min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ---

FATHER
12. Name William G. Williams
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Wales

16 (a) Informant Albert G. Fehsenfeld
(b) Address Homewood Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

FEB 11 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to 2-9 1942 and that I last saw her alive on 2-8 1942

Immediate cause of death	Duration
Angina Pectoris	Immediate
Due to Hypertension, Arteriosclerosis	years
Due to Chronic nephritis	years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster M. D.
Address 2824 St. Paul St. Date signed 2-10-42

VS 8

F 89044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89044

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sylvan Apts (If rural give location) Whitelock & Pantaeve
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Bertha Herman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Work

FATHER 12. Name Isaac Sloam

13. Birthplace Russia

MOTHER 14. Maiden Name Sophia Epstein

15. Birthplace Russia

16 (a) Informant Samuel J. Herman

(b) Address Sylvan Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12/42 (month) (day) (year)

(c) Cemetery or crematory Southern ave

Location Southern ave

18 (a) Funeral director Sol Levenson & Bro

(b) Address 11 W Mulberry

19 (a) FEB 12 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11, 1942, at 12 N

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1942 to 2-11 1942 and that I last saw h[illegible] alive on 2-11 1942

Immediate cause of death Respiratory failure

Due to Metastases in lung

Due to Carcinoma of breast

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Finch

Address Sinai Hospital Date signed 2-11-42

VS 3

F 89045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 89045 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 Mc Donough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) State of Md. Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Mc Donough St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary H. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Charles County, Md. (Town, county, or state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Williard Stinit
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name
15. Birthplace Charles Co, Md.

16 (a) Informant Marie Faner
(b) Address 2006 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location

18 (a) Funeral director A. A. Gudas
(b) Address 404 Mc Donough St

FEB 1 1942 Registered by Huntington Williams, Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 1:57 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Senility - Neurological Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Landenberger M.D. Medical Examiner.
Date signed 2/9/42

F 89046 MANUS F 89046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1440 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1440 N. Eden St (If rural give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country

3 (a) FULL NAME John Mankus

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.? 216-07-1312

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella Smith Mankus
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 22-1894

8. AGE: Years	Months	Days	If less than one day
57	3	18	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ella Mankus
(b) Address 1440 N Eden St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wm E Boyer Jr
(b) Address 1545 Hollins St

19 (a) FEB 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to Feb. 9 1942 and that I last saw h[illegible] alive on Feb 9 1942

Immediate cause of death	Duration
Cardio-vascular Renal Disease	8
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum
Address 1206 E. Preston St Date signed 2/11/42 M. D.

VS 3

correct age is [illegible]

F 89047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a

F 89047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Sterrett St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Sterrett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nora Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown, 1886

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Miles Kearney
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Michael Kearney
(b) Address 1123 Sterrett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lancaster's Son
(b) Address 901 Hollins St

19 (a) FEB 12 1942 Huntington Williams, M.D.
Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1942 to 2/10 1942 and that I last saw her alive on 2/10 1942

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da
Due to: Cardiovascular Renal Disease — Duration: Many
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph T. Lancaster
Address 57 Washington Blvd Date signed 2/11/42

VS 3

F 89048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145-D

F 89048
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address — St Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Belgian Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Bradley
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Mary
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec. 27 - 1858
8. AGE: Years 83 | Months 2 | Days 5 | If less than one day ___ hr. ___ min.
9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Banking
FATHER 12. Name Harry Bradley
13. Birthplace Balto. Md.
MOTHER 14. Maiden Name Eliza Hart
15. Birthplace Maryland
16 (a) Informant Mrs John F. Ryan
(b) Address 705 Belgian Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Johns
Location Greenmount Ave
18 (a) Funeral director John Magan
(b) Address 3000 E. Balto St.
19 (a) FEB 12 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9th 1943, at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1941 to Feb 9 1943, and that I last saw h[illegible] alive on Feb 9 1943.
Immediate cause of death Cachexia
Due to Malnutrition
Due to Cancerous of the Tongue
Due to
Other Conditions Surgery for Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy No above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William J. Smith
Address St Joseph's Hosp Date signed 2/9/43

correct age is supported by documentary proof

89049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 89049

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 Ramsay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Ramsay St. (If Rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton J. Stier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Minnie L. Stier (nee Lehman) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 189

8. AGE: Years	Months	Days	If less than one day
42	6	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business B. & O. R. R.

FATHER
12. Name Wm. Stier
13. Birthplace Md.

MOTHER
14. Maiden Name Hiltner
15. Birthplace Md.

16 (a) Informant Mrs. Minnie Stier
(b) Address 1900 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Miller
(b) Address 4101 Edmondson Ave.

19 (a) Filed Feb 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942, at 12.30 M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 27 1937 to Feb 10 1942 and that I last saw him alive on Feb 10 1942

Immediate cause of death
(a) Hypostatic Pneumonia
Due to (b) Dilatation of Heart
Due to (c) Pulmonary Tuberculosis
Due to (d) Nephritis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy not done

Duration
✓
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Helen A. Packard
Address 819 Poplar Grove St. Date signed 2/13/42 M.D.

correct age is objectively important. Physicians, please

VS 3

39050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 39050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Sloman Kirby Bean

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1927

8. AGE: Years	Months	Days	If less than one day
14	3	13	hr. 0 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Howard S. Bean

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Lola J. Haynie

15. Birthplace Virginia

16 (a) Informant Howard S. Bean

(b) Address 215 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location

18 (a) Funeral director Harry M. Witzke

(b) Address 4101 Edmondson Ave

19 (a) FEB 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-42, at 4:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	
Due to	
Due to	
Other Conditions Epidural Hematoma	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-9-42 at 4 P. M
(c) Where did injury occur? Milton Ave. Parrish St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Struck on head with broom stick.

23. Signature Howard J. Waldeck M.D. Medical Examiner.

Date signed 2-10-42

VS 6

correct age is especially important. Physician, p

F 89051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89051

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Marsh (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Floyd Roberts ROBERTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-82

8. AGE: Years	Months	Days	If less than one day
7	6	28	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Roberts
13. Birthplace Va

MOTHER
14. Maiden Name Louise Taylor
15. Birthplace Va

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)
(c) Cemetery or crematory SALEM CEM
Location BALTO Co

18 (a) Funeral director David Davidson
(b) Address Upper Falls Md

19 (a) (Date rec'd) (b) Huntington Williams M.D. (Registrar)

FEB 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942 at 10.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 11 1942 and that I last saw him alive on Feb 11 1942

Immediate cause of death Intracranial Hemorrhage — Duration

Due to Thrombocytopenic Purpura (Purpura hemorrhagica)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollard M. D.
Address J. H. H. Date signed 2-11-42

PLEASE WRITE correct age is especially important. Physician

F 89052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 89052

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2806 Hilldale ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Hetta Cohen

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Abera Dunn

13. Birthplace Russia

MOTHER 14. Maiden Name Esther Epstein

15. Birthplace Russia

16 (a) Informant Benjamin Sugerman

(b) Address 2806 Hilldale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)

(c) Cemetery Sinai Ideal

Location Southern ave

18 (a) Funeral director Jack Levin Jr

(b) Address 1139 E. Balto St

19 (a) Filed FEB 13 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1942, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb. 11 1942 and that I last saw her alive on Feb. 11 1942

Immediate cause of death Cerebral Accident 2 Hemorrhage.

Due to Hypertensive V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Julius Gelber M. D.

Address Sinai Hospital Date signed 2/13/42

VS 3

correct age is especially important

F 89053 M 41748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 89053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5036 Queensberry Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Libbie Boxer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1905

8. AGE: Years	Months	Days	If less than one day
36	1	17	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Emanuel Braunstein
13. Birthplace Russia

MOTHER
14. Maiden Name Annie ?
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-42 (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) Filed 2-12-1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1942; at 1 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1942 to 2-12 1942, and that I last saw her alive on 2-12 1942

Immediate cause of death	Duration
Bronchopneumonia	2 10 days
Due to Cardiac failure	?
Due to Mitral stenosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 2-12-42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 2

F 89054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89054

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Ramsey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Ramsey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Black

3 (b) If veteran, name war None

3 (c) Social Security Account No. 715-10-5661

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Z. Black

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 9- 1883

8. AGE: Years	Months	Days	If less than one day
59	0	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Jot Pressman

11. Industry or business Printing

FATHER
12. Name Louis Black
13. Birthplace Unknown

MOTHER
14. Maiden Name Caroline Frick
15. Birthplace Germany

16 (a) Informant Bertha Z. Black
(b) Address 1426 Ramsey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Doll & B.M. Walter
(b) Address [illegible] Strieker St

19 (a) FEB 16 1942 Washington Nationals, Inc.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1941 to Feb 11 1942 and that I last saw h alive on Feb 11 1942

Immediate cause of death	Duration
Carcinoma of Stomach	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Rothkund
Address 910 Wheelwright Date signed 2-14-42

Please write plainly and correct age is especially important. Physician please

VS 3

F 89055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 246-D

F 89055 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward James Brady

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1874

8. AGE: Years	Months	Days	If less than one day
67	6	4	hr. min.

9. Birthplace Balto Co. (Town, county, and state)
10. Usual Occupation Boiler maker
11. Industry or business B & O R.R.

FATHER 12. Name Michael Brady
13. Birthplace Ireland

MOTHER 14. Maiden Name Winifred Monaghan
15. Birthplace Ireland

16 (a) Informant Mrs. Brady
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wudefeld
(b) Address 914 Greenmount Ave

19 (a) FEB 12 1942 Huntington Wills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1942 at 6:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 9 1942, and that I last saw him alive on Feb 9 1942.

Immediate cause of death	Duration
Carcinoma of Rectum	6 mos
Due to	
Due to	
Other Conditions Hypertension C-V disease	

(Include pregnancy within 3 months of death)

Date of operation Feb 3 1942
Major findings of operation: Carcinoma of rectum
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 2-7-42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

F 89056 F 89056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. 915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 South Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 South Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ISRAEL SYLVESTER OWINGS

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Celeste Owings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1864

8. AGE: Years	Months	Days	If less than one day
77	4	22	hr. min.

9. Birthplace Mt. Washington (Town, county, and state)
10. Usual Occupation Contractor and Builder
11. Industry or business Self

FATHER
12. Name Wesley Marion Owings
13. Birthplace Mt. Washington

MOTHER
14. Maiden Name Margaret Williams
15. Birthplace Whetherdsville, Baltimore Co.

16 (a) Informant Mr. Lee Owings
(b) Address 4 Beechdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Wm J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 (a) FEB 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 40

20. DATE OF DEATH February 10 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Feb 10 1942, and that I last saw h[illegible] alive on Feb 9 1942.

Immediate cause of death: myocarditis - suffering
Due to: arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 6 wks 2 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1720 Eutaw Pl Date signed Feb 11 1942

PLEASE WRITE ... correct; age is especially important. Physicians: please ...

VS 2

(1)

F 89057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N. Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N. Lakewood Ave. (If rural give location)
Citizen of foreign country? Foreign Born (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Augusta Doretta Limpert

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	Female	White	Widow

6 (b) Name of husband or wife Henry P. Limpert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1861

8. AGE: Years	Months	Days	If less than one day
80	10	25	hr. min.

9. Birthplace Hanover, Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Raker
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Schmidt
15. Birthplace Germany

16 (a) Informant Mr. Fred'k H. Limpert
(b) Address 2612 Popular Drive Larchmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Baltimore Md.

18 (a) Funeral director Wm J. TICKNER & SONS INC
(b) Address Fort Ave. & Lyons Aves Balto, Md.

19 (a) FEB 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Feb 11 1942 and that I last saw h-- alive on Feb 11 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 2/7/42
Due to Cardio Vascular Disease — 1922
Due to
Other Conditions Chr. Diffuse Nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Frank J. Lyon
Address 2005 E. Lanvale St Date signed 2/11/42

Please write clearly in ink. Physician's correct age is especially important.

F 89058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lilly Crowley LILLIE BAGLEY CROWLEY

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John W. Crowley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1878

8. AGE: Years 63 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Bagley
13. Birthplace Md.

MOTHER
14. Maiden Name McCauley
15. Birthplace Md

16 (a) Informant Mr. John W. Crowley
(b) Address 3015 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves Balto Md.

19 (a) FEB 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

PLEASE WRITE PLAINLY. Write the cause of death in terms which will correct age is especially important. Physicians: please write the cause of death in terms which will

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11-42 19 , at 5.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-42 19 , to 2-11-42 19 , and that I last saw h[illegible] alive on 2-11 19 42

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: years

Due to

Due to

Other Conditions Diabetes mellitus, Diffuse pneumonitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address Univ. Hosp. Date signed 2-11-42

VS 8

F 89059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT L. HEISER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Alice J. Heiser
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): August 29, 1870

8. AGE: Years	Months	Days	If less than one day
71	5	10	hr. min.

9. Birthplace: Glen Rock, Pa. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Lumber Business

FATHER
12. Name: Henry Heiser
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Alice J. Heiser
(b) Address: 2316 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Balto. Co. Md.

18 (a) Funeral director: WM. J. TICKNER AND SONS.
(b) Address: NORTH AND PA. AVES.

19 (a) FEB 12 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH February 9, 1942, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to Feb 9 1942 and that I last saw him alive on Feb 9 1942

Immediate cause of death	Duration
Bronchopneumonia	1 wk.
Due to Chr. nephritis	3 yrs
Due to Arteriosclerosis	8 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer L Dodd M. D.
Address 735 N Fulton Ave Date signed 2/11/42

Please answer all questions. Underline the correct age is especially important. Physicians

VS 3

F 89060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 - Registered No.

F 89060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Ensor St.
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Ensor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna B. Harnes

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Wm H. Harnes
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Aug 7- 1886

8. AGE: Years	Months	Days	If less than one day
55	6	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles Helmle
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Kate Berkenstock
15. Birthplace Balto Md

16 (a) Informant Wm H. Harnes (Son)
(b) Address 1034 Ensor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Road

18 (a) Funeral director Elmer W. Cookson & Son
(b) Address 2244 Eager St. Baltimore, Md.

19 (a) FEB 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1942, to Feb 19, and that I last saw h[illegible] alive on Feb. 10 1942.

	Duration
Immediate cause of death: Uraemia	3 d.
Due to Chronic Interstitial Nephritis	5 d.
Due to Atrophic Cirrhosis Liver	5 d.
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Harnes M. D.
Address 2878 Harford Rd Date signed 2 11 42

VS 3

F 89061

SS 71206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 89061

74-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3359 Chestnut Ave. (If rural give location)
(e) Person of foreign country? (Yes or No)
If yes, name country

42-b

3 (a) FULL NAME Elizabeth Briley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edward Briley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1901

8. AGE: Years	Months	Days	If less than one day
41	1	4	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nelson Kilroy
13. Birthplace England

MOTHER
14. Maiden Name Margaret Edwards
15. Birthplace England

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location Taylor Ave.

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615 O Eastern Ave

19 (a) FEB 12 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11-42 19 , at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1942, to 2-11 1942, and that I last saw h[illegible] alive on 2-11 1942.

Immediate cause of death: Acute myocarditis (chronic)
Secondary Arteriosclerosis

	Duration
	?
	?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 2-12-42

correct age is especially important

VS 8

89062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-D

F 89062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Guilford Ave & 33rd St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 104 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5416 Jonquil Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lola Estelle Benson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-7409

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Mr. Thomas Elburn Benson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3rd 1910

8. AGE: Years	Months	Days	If less than one day
31	7	8	hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Floor lady
11. Industry or business Commercial Envelope Co.

FATHER
12. Name William Jackson
13. Birthplace [redacted] Md.

MOTHER
14. Maiden Name Ida Keck
15. Birthplace Maryland

16 (a) Informant Thomas E. Benson.
(b) Address 5416 Jonquil Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Ebenezer W. Donovan.
(b) Address 3615-17 Pennsylvania Ave, Baltimore, Md.

19 Filed FEB 19 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 11, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31st 1942 to Feb 11th 1942; and that I last saw h[er] alive on Feb 11th 1942.

	Duration
Immediate cause of death Pneumonia [redacted]	4-5
Due to Perforated duod. ulcer	104 days
Due to	
Other Conditions Liver abcess Empyema	2 wks.

(Include pregnancy within 3 months of death)

Date of operation 10-31-41
Major findings of operation: Perforated ulcer
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford M.D.
Address Union Memorial Hospital Date signed 2/11/42

PLEASE WRITE PLAINLY. Physicians: please write the correct age in especially important.

VS 3

F 89063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89063
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Hollins Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write RURAL and give town)
Street No. 1405 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Catherine Baker

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry I. Baker
6 (c) If alive, give age: 83 years
7. Birth date of deceased (mo., day, yr.): 6. 18. 1860
8. AGE: Years: 81 Months: 7 Days: 19 If less than one day: hr. min.
9. Birthplace: Northampton Co. Va. (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Littleton C. Treherne
13. Birthplace: Northampton Co. Va.

MOTHER
14. Maiden Name: Margaret Campbell
15. Birthplace: Northampton, CO. Va.

16 (a) Informant: Harry C. Baker.
(b) Address: 1405 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 12. 42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem
Location: Frederick Ave.

18 (a) Funeral director: Robert Brooks & Son
(b) Address: 1338 Hollins Street.

19 (a) FEB 12 1942 Registrar
(b) Date received
Livingston Williams, M.D.

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH February, 9 1942, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to Feb 9 1942 and that I last saw h-er alive on Feb. 8 1942

Immediate cause of death: Arteriosclerotic Myocarditis — Duration: P
Due to: Generalized Arteriosclerosis — P
Due to: Advanced age
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Harry C. Schweitzer M. D.
Address: 534 S. Fulton Ave. Date signed 2-11-42

F 89064 ✓ F 89064

JM 71457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 N. Fayette, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry S. Morris

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Margaret Leas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1875

8. AGE: Years	Months	Days	If less than one day
66	8	3 4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrew Morris
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Scott
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals rec.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/43 (Month) (Day) (Year)
(c) Cemetery or crematory London Park
Location B501 Frederick Ave

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) Huntington Williams, M.D.
FEB 12 1942

VS 3

correct age is especially important. Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1942 at 12 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 2-10 1942 and that I last saw him alive on 2-10 1942

Immediate cause of death Circulatory Collapse — Duration 1 2 hrs
Due to Carcinoma of Stomach — 7 yrs
Due to — own
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 1-29-42
Major findings of operation Carcinoma of stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Corbett M. D.
Address Baltimore City Hospitals Date signed 2-10-42

F 89065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 89065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Orchard
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and the town)
(d) Street No. 706 Orchard (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Williamson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birthdate of deceased (Mo., day, and yr.)

8. AGE: Years	Months	Days	If less than one day
68	3 2	7 6 15	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thos. C. Weston
13. Birthplace Carl, Penn. Md

MOTHER
14. Maiden Name Jemison
15. Birthplace Wash. Penn. Md

16 (a) Informant Lauree Johnson
(b) Address 706 Orchard

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-14-43 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Bowie Md.

18 (a) Funeral director Adolphus Halstead
(b) Address Bowie Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/43 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8/43 to 2/10/43, and that I last saw h alive on 2/10/43.

Immediate cause of death: Coronary Thrombosis
Duration: 2 days
Due to: Syphilitic Cirrhosis
Due to: Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lee Stone M. D.
Address Bowie Md Date signed 2/11/43

If correct age is especially important, [illegible]

VS 3

89066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33-a

Registered No. E 89066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Cambridge St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Cambridge Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 41 years

3 (a) FULL NAME Martin Kasprzyk---Casper

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-5478

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of wife Helen Kasprzyk
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1879 ?

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Cannery Packer
11. Industry or business Foote D.E.& Co.Inc.

FATHER
12. Name Thomas Kasprzyk
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ? Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Helen Kasprzyk
(b) Address 2224 Cambridge Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Theresa A Weber
(b) Address 705 South Ann Street

19 (a) Filed FEB 12 1942 (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942 at 10 45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from June 9 1941 to Feb 11 1942 and that I last saw h alive on Feb 11 1942

Immediate cause of death: Influenza Pneumonia — Duration one day

Due to Phlegmonous Erysipelas — Duration one day

Due to Acute Pulmonary Edema ? — Duration one day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo F. Kujak M. D.
Address 765 Fulton Ave. Date signed Feb 12 1942

VS 3

correct age is especially important

9067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 89067
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Harris. (Birth-F-43835)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/6/42
8. AGE: Years | Months | Days | If less than one day: hr. 15 min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fouty Milton Harris
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary Rosalie Blake
15. Birthplace Baldie, Md.

16 (a) Informant Mrs. Mary Harris
(b) Address 402 E. Preston St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Crematory, Location Maryland General Hospital

18 (a) Funeral director
(b) Address

19 (a) FEB 12 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1942, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1942 to Feb. 6 1942 and that I last saw h[illegible] alive on Feb. 6 1942.

Immediate cause of death	Duration
Prematurity	
Due to Premature rupture of membranes.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth B. Boyd M. D.
Address 104 W. Mahon St Date signed

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so correct age is especially important.

VS 3

89068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

Registered No. F 89068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Harris. (Birth F-43834)

3 (b) If veteran, name war ~

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/42

8. AGE: Years	Months	Days	If less than one day
			hr. 6 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Fiste Milton Harris
13. Birthplace Caldwell Co. Mo.

MOTHER
14. Maiden Name Mary Rosalie Harris
15. Birthplace Belair Md.

16 (a) Informant Mrs. Mary Harris.
(b) Address 401 E. Preston St.

17 (a) Cremation (b) Date thereof Feb. 6 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Crematory
Location Maryland General Hospital

18 (a) Funeral director
(b) Address

19 (a) FEB 12 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1942, at 2:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1942 to Feb. 6 1942 and that I last saw him alive on Feb. 6 1942.

Immediate cause of death	Duration
Prematurity	
Due to Premature Rupture of membranes.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kenneth B. Boyd M. D.
Address 104 W. Madison St Date signed

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write

VS 8

89069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. E 89069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 - 8 - 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 O'Donnell Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Flaherty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18 - 1887

8. AGE: Years	Months	Days	If less than one day
54	3	22	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Francis P. Flaherty
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary A. Perkins
15. Birthplace Baltimore Md

16 (a) Informant Hospital Record.
(b) Address Mt. Hope Retreat

17 (a) Burial (b) Date thereof Feb 14-4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John A. McCann
(b) Address 3000 E. Balto St.

19 (a) (b) Huntington Hollins Md.
Filed Feb 16 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Feb. 10 1942, and that I last saw her alive on Feb. 10 1942.

Immediate cause of death Acute Cardiac Failure.

Duration 1 day

Due to General debility 5
Gradual Cardio vascular Collapse 6 mon's

Due to

Other Conditions Epileptic Psychosis 17 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. P. Agnew M. D.
Address 332 Westfield Ave Date signed

Please write correct age in years if under one year, months if under one month, days if under one day. Physician's particular attention is especially important.

F 89070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89070 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Shriners Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Gwynn Oak Ave & Dogwood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: LAURA M. WEHRHANE

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Adolph E. Wehrhane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1872

8. AGE: Years 69 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs. Adelaide Warren
(b) Address 640 Kriel Ave. Woodlawn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves Balto. Md.

19 FEB 12 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942, at 4 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1930, to July 10 1942, and that I last saw her alive on July 10 1942.

Immediate cause of death Multiple carcinomatosis of Chest & Lungs Pt. former (Pathological fracture) Hypercalcemia — Duration

Due to Carcinoma of Left breast 1916, Amputation by Dr Martin

Due to Recurrent carcinoma of both breasts followed by Mary Jane Cancer

Other Conditions by Mrs. Dennis Lunt

If yes: Date of operation Apr 29 1935

Major findings of operation: Adeno-carcinoma

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward S Johnson M.D.

Address 112 S. Paca St Date signed 2/10/42

correct age is especially important

89071 CRONIN ✓

BALTIMORE CITY HEALTH DEPARTMENT 108 Registered No. E 89071

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St
(c) Hospital or institution: South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Jackson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Cronin ✓

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Thomas Cronin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 22nd 1876
8. AGE: Years 65 | Months 6 | Days 20 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Balster Biddle
13. Birthplace Md.

MOTHER
14. Maiden Name Pauline Weller
15. Birthplace Md.

16 (a) Informant Agnes Poetzold
(b) Address 1703 Jackson St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co. Md.
18 (a) Funeral director Charles F. Dill
(b) Address 650 S. Front St.
19 (Date received by registrar) FEB 12 1942 Huntington Williams, M.D. Registrar

I correct age is especially important

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1942 at 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1942 to Feb. 11 1942, and that I last saw her alive on Feb. 11 1942.

Immediate cause of death: Cardiac failure — Duration: 3 days
Due to: Lobar pneumonia
Due to:
Other Conditions: Gen. Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Seiss M. D.
Address So. Balto. Gen. Hosp. Date signed 2/12/42

89072 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 89072
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) same.

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Virginia (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 S. Queen St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Brumbaugh

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1932

8. AGE: Years	Months	Days	If less than one day
9	8	14	12 hr. min.

9. Birthplace Martinsburg, W. Va. (?)
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Holmes Brumbaugh
13. Birthplace West Virginia.

MOTHER
14. Maiden Name Adella O'Leary.
15. Birthplace W. Virginia.

16 (a) Informant Mrs. Holmes Brumbaugh
(b) Address 321 So. Queen St. Martinsburg W. Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Martinsburg W. Va.
Location Martinsburg W. Va.

18 (a) Funeral director F. Vernon Leahner
(b) Address 301 E. Moore St. Ave.

19 (a) FEB 12 1942 Huntington Williams Mort. Co.
(Date rec'd) (Registrar) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1942, to Feb. 12 1942, and that I last saw him alive on Feb. 12 1942.

Immediate cause of death: Tuberculous meningitis — Duration 2 weeks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Florence S. Cannon, M.D.
Address University Hosp. Date signed 2/13/42

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to give correct age in each case. Physicians: please write the cause of death in terms which convey definite information. Omit words which are not necessary. Be sure to answer all questions where information is especially important.

VS 8

9073

BALTIMORE CITY HEALTH DEPARTMENT 131-a F 89073

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadonia Steward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1844

8. AGE: Years	Months	Days	If less than one day
98			hr. min.

9. Birthplace Northumberland Co. Va. (Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name Jarvas Blackwell
13. Birthplace Va

MOTHER
14. Maiden Name Hanna Johnson
15. Birthplace Va

16 (a) Informant Noel Stark
(b) Address 543 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Eugene Waters
(b) Address 1000 Beanthy ave

19 (a) Date received FEB 12 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1942, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 11 1942, and that I last saw h alive on Feb 10 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Day

Due to: Hypertensive Cardio Vascular Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 803 W Fremont Date signed Feb 11 M. D.

correct age is especially important

89074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 89074 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2417 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B. Freeland

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/4/861

8. AGE: Years 81 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace W. Va.
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business Farmer

FATHER
12. Name Benjamin Freeland
13. Birthplace W. Va.

MOTHER
14. Maiden Name Nancy J. Messinger
15. Birthplace W. Va.

16 (a) Informant Jessie F. Frazier
(b) Address 2417 Barclay St

17 (a) Removal (b) Date thereof Feb 13-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Terra Alta
Location W. Va.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) FEB 13 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 10 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7th. 1942 to Feb. 12th 1942; and that I last saw him alive on Feb. 12th 1942.

Immediate cause of death: Uremia — Duration: 24 hrs.

Due to: Chronic Interstitial Nephritis (unkno

Due to: ———

Other Conditions: Myocarditis, Endocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo W Livingston M.D.
Address 401 E. 25th. St. Date signed 2/12/42

correct age is especially important

VS 3

F 89075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 89075

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 Bartlett Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS HENRY LOVE

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine B. Love

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Jan. 10, 1870

8. AGE: Years 72 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: Magazine Salesman

11. Industry or business:

FATHER
12. Name: George Robert Love
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Margaret Ann Rilly
15. Birthplace: Virginia

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland/

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto Co Md

18 (a) Funeral director: Williams Co
(b) Address: 1217 E Fort Ave

19 FEB 13 1942 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1942, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3, 1942, to Feb. 11, 1942, and that I last saw him alive on Feb. 11, 1942

Immediate cause of death: CARCINOMA OF STOMACH WITH MULTIPLE METASTASES — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. P. Clinton M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed 2/11/42

correct age is especially important.

F 89076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89076
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 S. Paca st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) Ent

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 S. Paca st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Belle Carlile

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: William Carlile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th [illegible]

8. AGE: Years 73 | Months 10 | Days 12 | If less than one day: hr. 9 min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business At Home

FATHER
12. Name William H. Bunch
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia E. Saunders
15. Birthplace Va.

16 (a) Informant Mrs Victor Carlile
(b) Address 545 Wyeth st

17 (a) Burial (b) Date thereof 2/16/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1 E. Pratt st

19 (a) FEB 13 1942 (b) Washington Willis Branch H.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1942 at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1942 to 2/12 1942 and that I last saw h[illegible] alive on 2/12 1942

Immediate cause of death: Bronchial Pneumonia — Duration: 2 days
Due to: Diabetes Mellitus — 2 years
Due to: Generalized Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lankford M.D.
Address 675 Washington Blvd Date signed 2/13/42

correct age is especially important

VS 3

F 89077 H. Friedman 1319 Light St South 0309 F 89077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1254 Riverside Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1254 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Owings

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ~~—~~ years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1888

8. AGE: Years	Months	Days	If less than one day
53	3	26	hr. min.

9. Birthplace Owings Mills, Md. (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business Domestic

FATHER
12. Name Nicholas Owings
13. Birthplace Owings Mills Md.

MOTHER
14. Maiden Name Lucretia Crooks
15. Birthplace Owings Mills Md.

16 (a) Informant Harry Owings
(b) Address 1817 Aiken St 2/14/42

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~crematory~~ Mt. Olive
Location Roslyn Md.

18 (a) Funeral director Williams Cook
(b) Address 2[illegible] St. Paul St

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942, at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1942, to Feb. 11, 1942, and that I last saw alive on Feb. 11, 1942

Immediate cause of death	Duration
Carcinoma of Left Breast.	
Due to	
Due to	
Other Conditions Metastasis to Left arm and lungs. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M. D.
Address 1319 Light St. Date signed 2/12/42

correct age in especially important cases

VS 2

F 89078 ✓ F 89078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4321 Old York Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John R. Hall

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Emily E. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1863

8. AGE: Years 78 | Months 5 | Days 21 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name John R Hall
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Randolph M. Hall
(b) Address 4321 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 125 E. Saratoga St

19 (a) FEB 13 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1942 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb 11 1942 and that I last saw him alive on Feb 11 1942

Immediate cause of death	Duration
Arterio Sclerotic Heart Disease	?
Due to Heart failure	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital signed 2-11-42

correct age if appearing improbable

VS 3

F 89079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 89079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3321 Liberty Hts. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3321 Liberty Hts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNETTA DOWNS LEE

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank K. Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	5	16		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Taylor
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Muir
15. Birthplace Baltimore, Md.

16 (a) Informant Frank K. Lee, Jr.
(b) Address 3321 Liberty Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 19 42 at 12 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: 3 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Coroner Medical Examiner.
Date signed 2-11-42

F 89080 F 89080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Zill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 27 - 1933

8. AGE: Years	Months	Days	If less than one day
8	11	16	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Zill
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Carneall
15. Birthplace Virginia

16 (a) Informant George Zill
(b) Address 629 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 42 (Month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location D. R. Co

18 (a) Funeral director Bernard E Hartke
(b) Address 131 E West St

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942 to Feb 12 1942 and that I last saw her alive on Feb 12 1942

Immediate cause of death	Duration
Pulmonary congestion + pericardial effusion	
Due to Chronic glomerulonephritis	
Due to	
Other Conditions ascites	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy acute pericardial effusion

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry A Bull M. D.
Address 1111 Kelly St Date signed 2-13-42

PLEASE WRITE PLAINLY. Physician: please write correct age in especially important.

VS 1

F 89081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dominick Patrick McDonnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary Mahoney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15th 1877

8. AGE: Years	Months	Days	If less than one day
69	8	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Chief Clerk
11. Industry or business Register of Wills Office

FATHER
12. Name Michael McDonnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ward
15. Birthplace Ireland

16 (a) Informant Marie McDonnell
(b) Address 1518 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director MAHLON E. Glynn
(b) Address 1422 Light St.

19 (Date received by registrar) FEB 12 1942 (Signature of registrar) Huntington Williams M.D. Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12/ 1942, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Feb 12 1942, and that I last saw him alive on 2/12 1942

Immediate cause of death
Cardio Vascular Disease — Duration 2 yrs
Bronchial asthma — 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Barranco M. D.
Address 736 E Fort Date signed 2/14/42

F 89082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 89082 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK FABY Fibich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Faby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24, 1887

8. AGE: Years	Months	Days	If less than one day
54	3	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Tea self

FATHER
12. Name Albert Fäbich
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mary Faby
(b) Address 2610 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozgawski
(b) Address 1930 Eastern Ave

19 (a) FEB 13 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1942 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 2, 1942 to February 12 1942 and that I last saw him alive on February 12 1942

Immediate cause of death	Duration
Circulatory collapse	
Due to Multiple emboli to lungs & brain & myocardial infarction	?
Due to	?
Other Conditions Cerebral thrombosis	8 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy myocardial infarction — multiple emboli to lungs, brain & kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Burke
Address Sinai Hospital Date signed Feb 12, 1942

correct age is especially important. Typewriter

F 89083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 480 Pleasant View Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 480 Pleasant View Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Josephine Grego

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Adam Grego Sr

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1870

8. AGE: Years 71 | Months 10 | Days 11 | If less than one day: hr. 21 min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Stanley Grego
(b) Address 480 Pleasant View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1900 Eastern Ave.

FEB 13 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1942, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1940 to Feb. 11 1942 and that I last saw him alive on Feb. 11 1942

Immediate cause of death: Coronary Sclerosis / Pulmonary Edema — Duration: 3 days / 1 day

Due to: Diabetes mellitus / Arteriosclerosis — Duration: 2 yrs / 10 yrs

Due to: Chr. Myocarditis — Duration: 3 yrs

Other Conditions: Partial paralysis due to cerebral hemorrhage — Duration: 3 1/2 yrs

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo Schlenger, M.D.
Address 3034 E. Biddle St. Date signed Feb 12

F 89084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B Registered No.

F 89084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Liberty Heights ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Liberty Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Doyle

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 213-05-9718

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 14- 1886

8. AGE: Years	Months	Days	If less than one day
55	10	28 16	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Balto-Towson Co.

FATHER
12. Name James F. Doyle
13. Birthplace Minnesville Pa

MOTHER
14. Maiden Name Mary E. Quinn
15. Birthplace New Brunswick Canada

16 (a) Informant Catherine E. Doyle
(b) Address 132 Augusta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 1942, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Carcinoma of Prostate

Due to

Due to

Other Conditions Uremic trouble

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 2-12-42

correct age is especially important.

VS 6

F 89085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937 F 89085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Ramsay St. 21-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. William Henry Reckert

If U. S. Veteran specify WAR

(a) Residence: No. 758 Ramsay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Katherine Geller

6. DATE OF BIRTH (month, day, year) Sept 30 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 years	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo M Reckert

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary E. Huster

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Wm H. Reckert

(Address) 3130 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 14 1942

19. UNDERTAKER Henry N. Jenkins Sons & McCulloch Horse Hearse

(Address)

20. FILED FEB 13 1942 Huntington Willis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12th 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1942 to Feb. 12 1942

I last saw h[illegible] alive on Feb. 12th 1942 Death is said to have occurred on the date stated above, at 10:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary thrombosis	2/11/42
due to- Hypertension & arteriosclerotic	
Cardiovascular disease.	1931
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) J. C. Muse Jr. M. D.

(Address) 1520 Hollins St.

State CAUSE OF DEATH, OCCUPATION in very important. See instructions on back of certificate.

VS 5

F 89086

F 89086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Reid

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lillian E. Reid
6 (c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): Oct. 3 1857
8. AGE: Years 84 Months 4 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace: Scotland (Town, county, and state)
10. Usual Occupation: Retired Captain
11. Industry or business: Marine

FATHER
12. Name: Alexander Reid
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Agnes Shearer
15. Birthplace: Scotland

16 (a) Informant: Lillian E. Reid
(b) Address: 912 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 14 1942 (month) (day) (year)
(c) Cemetery or crematory: Friendship
Location: A. A. Co. Md.

18 (a) Funeral director: Mrs. John W. Tenfelt's Son
(b) Address: 801 W. Lafayette Ave Baltimore, Md.

19 (a) Filed: FEB 13 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 11 1942, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1941, to Feb 11 1942, and that I last saw him alive on Jan 20 1942.

Immediate cause of death: Coronary thrombosis — Duration: Minutes
Due to: Coronary sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Harry D. McCarty
Address: 37 W. Preston Date signed: 2/11/42 (M. D.)

F 89087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

Registered No. F 89087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Balt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUSSELL MULLINIX

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1902

8. AGE: Years	Months	Days	If less than one day
39	6	6	hr. min.

9. Birthplace Baltimore Md. (City, county, and state)
10. Usual Occupation Laundry
11. Industry or business Sugar Refining Company

MOTHER / FATHER
12. Name Albert Mullinix
13. Birthplace Howard Co. Md.
14. Maiden Name Annie E. Cain
15. Birthplace Carroll Co. Md.

16 (a) Informant Joseph A. Mullinix
(b) Address 907 Jeffrey St. Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1942 (month) (day) (year)
(c) Cemetery or crematory Prospect Methodist
Location Mt. Airy. Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 FEB 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942, at 7 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 2-12-42

correct age is especially important

VS 6

F 89088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 56-B

F 89088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town [redacted], Towson Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Park Ave Tow
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ruth M. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr Benjamin Thomas
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) 9/3/91

8. AGE: Years	Months	Days	If less than one day
50	5	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business? Saving Bank of Balto

FATHER
12. Name Louis Bauer
13. Birthplace Md

MOTHER
14. Maiden Name Mary F Pfifferaier
15. Birthplace Germany

16 (a) Informant Mr Benjamin F Thomas
(b) Address 521 Park Ave (Towson)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-42 19 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 2-10 1942 and that I last saw her alive on 2-10 1942

Immediate cause of death: Generalized Peritonitis — Duration: 13 days.
Due to Operation on 1-27-42 — Duration: over
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. F. Somma M. D.
Address Bon Secours Hosp Date signed 2-10-42

Please write plainly; correct age is especially important. Physicians:

F 89089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 89089

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Kennilworth Ave N.E. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John A. Heil

3 (b) If veteran, name war

3 (c) Social Security Account No. 204-09-6919

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Heil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1896

8. AGE: Years	Months	Days	If less than one day
45	3	23	hr. min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name George Heil

13. Birthplace Washington, D.C.

MOTHER 14. Maiden Name Belle Annesley

15. Birthplace Baltimore, Md.

16 (a) Informant George Heil

(b) Address Washington, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (month) (day) (year)

(c) Cemetery or crematory Congressional D.C.

Location Washington D.C.

18 (a) Funeral director H. C. [illegible]

(b) Address Washington D.C.

19 (a) FEB 13 1942 (Date rec'd by registrar) H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 1942, at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Mitral Stenosis	
Due to Rheumatic	
Due to	
Other Conditions Pulmonary infarction	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moseley M.D.
Medical Examiner.

Date signed 2-13-42

correct age is especially important

VS 6

F 89090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 89090 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Earl Williams 70644

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1911

8. AGE: Years	Months	Days	If less than one day
31	1	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James
13. Birthplace Pa

MOTHER
14. Maiden Name Maggie Johnson
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman

19 (a) FEB 13 1942 Huntington W. Virginia, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1941 to Feb 18 1942, and that I last saw him alive on Feb 12 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	18 mos
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 2-12-42

correct age is especially important

VS 8

F 89091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

F 89091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) over 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Lafayette W (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
55				

9. Birthplace Anna Arundel Co (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Richard Jones
13. Birthplace Anna Arundel Co.

MOTHER
14. Maiden Name Martha Johnson
15. Birthplace Anna Arundel Co

16 (a) Informant Mary Dorsey
(b) Address Lochearn Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Anne Arundel Co. Md

18 (a) Funeral director Geo. D. Kelsan
(b) Address 1803 Presstman

19 (a) Filed FEB 13 1942 (b) Registrar Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1942, to Feb 11 1942, and that I last saw h alive on Feb. 11 1942.

Immediate cause of death Cardiac Failure — Duration
Due to Lobar Pneumonia — 6 days
Due to Diplococcus Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Wright
Address 1209 Preston Date signed 2/13/42

Correct age is especially important. Physicians, please

F 89092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 89092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1556 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15

3 (a) FULL NAME George Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widow

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1878

8. AGE: Years	Months	Days	If less than one day
63	9	2	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jim Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va

16 (a) Informant Eleanor Smith
(b) Address 15-46 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) FEB 13 1942 (Date rec'd by registrar) By Thaddeus Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 8:00 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Sclerosis Cerebral hemorrhage, left	—
Due to Cerebral edema.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Undetermined
(b) Date of occurrence unwitnessed at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed

correct age is especially important

VS 6

4422d/F 89093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 89093
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town write RURAL and give town)
(d) Street No. 1411 Ashland - Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Henry

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-29-37
8. AGE: Years 4 Months 10 Days 11 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Howard Henry
13. Birthplace Md
MOTHER 14. Maiden Name Burley
15. Birthplace Md
16 (a) Informant Beard
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemy
Location Balto. Co. Md
18 (a) Funeral director Reporter Mamie D. Knight
(b) Address [illegible]
19 (Date rec'd by registrar) FEB 13 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-1942, at 9:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8-1942 to 2-10-1942 and that I last saw [illegible] alive on 2-10-1942.

Immediate cause of death Generalized peritonitis — Duration 4 days
Due to Perforated gangrenous appendix — 6 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 2-8-42
Major findings of operation: Ruptured appendix; generalized peritonitis
of autopsy: Generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Bruce D. Strong M. D.
Address Johns Hopkins Hosp. Date signed 2-11-42

VS 3

PLEASE WRITE correct age is especially important. Physicians: please write

F 89094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓83-aF 89094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Chapel St. 21 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME MINNIE WITTE

If U. S. Veteran specify WAR _____

(a) Residence: No. 27 S. CHAPEL St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY W. 87 Yrs

6. DATE OF BIRTH (month, day, year) AUG 24 1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
77	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME FRANCIS FULDA

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT LENORA CONCANNAN
(Address) 27 S. CHAPEL ST

18. BURIAL, CREMATION, OR REMOVAL
Place BALTIMORE Date FEB 12 1942

19. UNDERTAKER MARTIN W. E. DIPPEL
(Address) LOMBARD & ANN STS.

20. FILED FEB 13 1942 Huntington Wolfe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 1941 to Feb 12 1942

I last saw h[illegible] alive on 2-11 1942. Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteriosclerosis	1 yr
Cerebral Hemorrhage	1 Day

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Edward J. Cook M. D.

(Address) 5302 Baltimore St.

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 89095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-D

F 89095

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2378 Madison ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 79yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2378 Madison ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Grace White

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Mar

6 (b) Name of husband or wife Emory White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 1863

8. AGE: Years	Months	Days	If less than one day
79	3	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Roy Lyons
13. Birthplace Md

MOTHER
14. Maiden Name Mary Woods
15. Birthplace Md

16 (a) Informant Blanche Silverman
(b) Address 2378 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Stamp
(b) Address 142 Wolfe St

19 FEB 13 1942 (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11- 1942 at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1941 to Feb 11 1942 and that I last saw her alive on Feb 11 1942.

Immediate cause of death: Bronchopneumonia — Duration 5 Day

Due to: Arteriosclerosis nephritis — Duration about 1 yr

Due to: —

Other Conditions: Mitral Insufficiency — Duration 17 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Jos Bowley MD
Address 519 N Carrollton ave Date signed 2/13/42

Please write clearly — correct age is especially important. Physicians: please write

VS 3

F 89096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Levindale
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 17 Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Israel Bloomberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Shoe Maker

11. Industry or business

FATHER 12. Name Samuel

13. Birthplace Russia

MOTHER 14. Maiden Name Rae

15. Birthplace Russia

16 (a) Informant Aged Home

(b) Address Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Harford Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St.

19 (a) FEB 13 1942 (Date received by registrar) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1942, at 8.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1942, to 2-13 1942, and that I last saw him alive on 2-13 1942.

Immediate cause of death	Duration
Hypertension	
Cer. card. ves. disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M.D.

Address Levindale Date signed 2/13/42

correct age is especially important

VS 3

F 89097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √107

F 89097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Levindale
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos. or days) 1yr 4mos
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Rebecca Heights Ln (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Saul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1883

8. AGE: Years: 58 Months: 5 Days: If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation:

11. Industry or business: None

FATHER
12. Name: Benesch Myers
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sarah Myers
15. Birthplace: Russia

16 (a) Informant: Sadie Merade
(b) Address: 3813 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 13, 1942 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: E. Baltimore St 3500

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) FEB 13 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1942 at 12.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1939 to Feb 12 1942, and that I last saw h[illegible] alive on Feb 12 1942.

Immediate cause of death: Broncho-pneumonia
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
4 days
11

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H Edmund Levin MD
Address: Levindale Date signed 2/13/42

correct age is especially important

VS 8

F 89098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 89098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. London Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Mulligan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John M.
6 (c) If alive, give age 0. years

7. Birth date of deceased (mo., day, yr.) 6/25/1886

8. AGE: Years 55 | Months 7. | Days 16 17 | If less than one day — hr. — min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Thornhill
FATHER 13. Birthplace England

MOTHER 14. Maiden Name Catherine B. Reiss
MOTHER 15. Birthplace New Jersey

16 (a) Informant Marie Spiegel
(b) Address 521 N London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Pl

19 FEB 13 1942 Huntington Whitaker M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1942 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1942 to 2/11 1942 and that I last saw h.. alive on Feb. 11 1942.

Immediate cause of death Pulmonary Tbc.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Osborn M. D.
Address Date signed 2/11/42

correct age is especially important. Typewriter, ...

VS 3

F 39099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 39099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2663 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2663 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Kratz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Harry Kratz
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 12. 1880

8. AGE:

Years	Months	Days	If less than one day
61	5	22	— hr. — min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Vincent Bachtold
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Family of Deceased.
(b) Address 2663 Frederick Ave.
17 (a) Burial (b) Date thereof 2-13-42. (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City
18 (a) Funeral director H. B. Hilpert & Son
(b) Address 1300 Eutaw Place
19 (a) FEB 13 1942 (Date received by registrar)

Huntington Wilson Registrar
Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1942, at 7:55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1937 to Feb 10 1942 and that I last saw h[illegible] alive on Feb 10 1942

Immediate cause of death
Due to Cardiac Dilatation
Due to Hypertension
Other Conditions Chronic Nephritis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

Duration
1 hr.
2 months
5 years
5 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

of autopsy: — —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James T. Kingsbury, M.D.
Address 1300 Eutaw Place Date signed 2-10-42

correct age is optional

VS 8

89100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 N Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Bayer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Bayer

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1881

8. AGE: Years 60 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Balto., Md. (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Lawrence Bayer
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Rhode Island

16 (a) Informant Laura Rettenmeyer
(b) Address 408 N. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O. Donnell Rd.

18 (a) Funeral director John A. Hoban
(b) Address 3000 E. Baltimore St.

19 (a) FEB 13 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 12 01 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Rubenstein M.D.
Medical Examiner.
Date signed 2/12/42

VS 6

89101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 89101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 S. Bouldin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Rist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1865

8. AGE: Years 76 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Don't know
13. Birthplace Indian

MOTHER 14. Maiden Name Don't know
15. Birthplace

16 (a) Informant Mrs Rist
(b) Address 214 S. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director John A. Hyde
(b) Address 3000 E. Balto. St.

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Feb 11 1942 and that I last saw h-- alive on Feb 11 1942

Immediate cause of death — Duration

Due to Carcinoma of stomach — last 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H V Rebuluck M.D.
Address 132 N Broadway Date Feb 12 1942

correct age is especially important

VS 3

89102

HEALTH DEPARTMENT—CITY OF BALTIMORE

89102

CERTIFICATE OF DEATH √160-L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Fleet St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Malory

(a) Residence: No. 2001 Fleet St. (Usual place of abode) St., Butler Ward. (If non-resident give city or town and State)

If U. S. Veteran specify WAR ... 44301

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 42

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells Mill

FATHER

13. NAME Lawrence Malory

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Josephine Sikorski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Josephine Malory 2001 Fleet St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 2-13-42 19

19. UNDERTAKER W. S. Fialkowski (Address) 2007 Eastern Ave

Huntington Williams, M.D. Registrar.

FEB 13 1942

OCCUPATION is very important.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1942 to Feb 13, 1942

I last saw him alive on Feb 13, 1942. Death is said to have occurred on the date stated above, at 8:37 A.M. 8.37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphixia Neonatorum during delivery of baby as a result of pressure on umbilical cord	Feb 13
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Roarer, M. D.

(Address) For. & Hanover St.

89103 JM 71721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89103
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Saratoga, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanor B. Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1892

8. AGE: Years	Months	Days	If less than one day
50	0	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles Mathews
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna Roberts
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md

18 (a) Funeral director Chas H Cooper
(b) Address 514 N. Calhoun St

FEB 13 1942 (Date received by local registrar) Huntington Williams, M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

28. DATE OF DEATH Feb. 11, 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to Feb 11, 1942 and that I last saw h.e.r alive on Feb 11, 1942.

Immediate cause of death Cardiac Failure. — Duration 1/2 hr.

Due to Operation (Surgical Shock) — 40 minutes

Due to

Other Conditions Diabetic gangrene right foot (Include pregnancy within 3 months of death) — 5 wks

Date of operation 2-11-42

Major findings of operation: Diabetic gangrene right foot

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyrnie W Puffin, Jr M. D.
Address Balto. City Hosp. Date signed 2-12-42

H. O. Wollenweber, Bur. M. H.

VS 2

9104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-c

F 39104 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 So. Callington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hamilton — (Birth F- 43986)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/42

8. AGE: Years	Months	Days	If less than one day
			8 hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Murray Hamilton
13. Birthplace Okla.

MOTHER
14. Maiden Name Eliz. Buckmaster
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 FEB 13 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1942, at 9:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 19 to 2/12 19, and that I last saw h alive on 2/12 1942.

Immediate cause of death	Duration
anencephalic monster	8 hrs.
Due to congenital deformity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address St. Agnes Hosp. Date signed 2/13

Please see that correct age is especially important. Typewriter

VS 3

7042

9105 | 2-3-1981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. E 89105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Pierce St. (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

17

3 (a) FULL NAME Carol Ann Williams (Birth F 3 1981)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1941

8. AGE: Years	Months	Days	If less than one day
	6	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Elsie Mackell
15. Birthplace Maryland

16 (a) Informant Elsie Williams
(b) Address 809 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Hoster

19 (a) FEB 13 1942 Hunting for Williams, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb 10 1942 and that I last saw h[illegible] alive on Feb. 10 1942.

Immediate cause of death Atelectasis

Due to Bronchopneumonia

Due to

Other Conditions Bilateral + interstitial pleuritis Diarrhea with dehydration + acidosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Pulmonary congestion

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ellicott M.D.
Address University Hosp. Date signed 2/13/42

correct age is especially important. A supplemental

F 89106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2822 W.Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 W.Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T.Usilton

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: Wht. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julit A.Usilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 11,1872

8. AGE: Years 69 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: Queen Anns Co. Md.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: City Parks

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name: Margaret Seward
15. Birthplace: Md.

16 (a) Informant: Mrs.Julit A.Usilton
(b) Address: 2822 W.Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb.14,1942 (month) (day) (year)
(c) Cemetery or crematory: St Peters
Location: Balto. Md.

18 (a) Funeral director: Robert S.Little
(b) Address: 2700 Edmondson Ave.

19 FEB 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb.12 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17-1940 to 2-12-1942 and that I last saw him alive on 2-12-1942.

Immediate cause of death: Arteriosclerotic heart Disease with Auricular Fibrillation — Duration: ?

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hen Ackerman M. D.
Address 201 Poplar Avenue Date signed 2-13-42

correct age is especially important. Physicians

VS 3

89107 F 89107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. E. Slinkman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: (Moore) Hall Mary E. 6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 186-

8. AGE: Years 76 | Months 11 | Days 11 19 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business B. & O. R.R.

FATHER — 12. Name Cooper Slinkman

13. Birthplace Balto. Md

MOTHER — 14. Maiden Name Henze

15. Birthplace Md.

16 (a) Informant Miss Edith M. Slinkman

(b) Address 1706 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Ave.

18 (a) Funeral director Harry H. Mitake

(b) Address 4101 Edmondson Ave.

19 (a) FEB 13 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942 at 9 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1930 to Feb 11 1942 and that I last saw him alive on Feb 11 1942.

Immediate cause of death: Coronary Occlusion — Duration: 9 hours

Due to: Coronary Sclerosis — 5 yrs

Due to: Senile arteriosclerosis — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. E. Krager M.D.

Address The Esplanade Date signed 2/13/42

correct age is especially important.

VS 3

89108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town New Market (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Lillian Grimes

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Edgar L. Grimes
6 (c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.) Sept. 23, 1867

8. AGE: Years	Months	Days	If less than one day
74	4 5	19	hr. min.

9. Birthplace Mt. Airy Frederick Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. T.
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Katherine Pole Baker
15. Birthplace Howard Co. Md

16 (a) Informant Edgar L. Grimes
(b) Address New Mkt, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Kemptowne
Location Kemptown, Md.

18 (a) Funeral director Harry E. Coutz Co.
(b) Address Frederick, Md.

19 (a) FEB 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12 1942, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942 to 2-12 1942 and that I last saw h.. alive on 2-12 1942

Immediate cause of death	Duration
Uremia	7 days
Due to Respiratory Infection	# of months
Possible pneumonia	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 2-13-42

Please correct age is especially important, if any error.

VS 3

F 89109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 89109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 E Eager St
(c) ~~Hospital or institution~~:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 E Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Dickey Cross

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Eben J. D Cross
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 20 1856

8. AGE: Years	Months	Days	If less than one day
85	11	24	hr. min.

9. Birthplace Oxford Pa.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Dr. John Dickey
13. Birthplace Oxford Pa.

MOTHER
14. Maiden Name Francis Ralston
15. Birthplace Oxford Pa

16 (a) Informant Eben J D Cross Jr
(b) Address Stevenson md

17 (a) Removal (b) Date thereof Feb 14 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oxford Pa
Location Oxford Pa

18 (a) Funeral director Henry W Jenkins Funl D
(b) Address McCullough & Orphanage Huntingtown Rd Balto Md

19 FEB 13 1942
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Feb 13 1942
and that I last saw her alive on Feb 13 1942

Immediate cause of death

	Duration
Arterio-Sclerosis	
Due to Old age.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter C Bacher M. D.
Address 1115 St Paul St Date signed

correct age is especially important

VS 5

F 89110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A-F-89110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Roland Ave & Somerset Rd.
(c) Hospital or institution Hinkley L. Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Hinkley L. Villa (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Nimmo

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) About 1864

8. AGE: Years About 78 | Months – | Days – | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name James Rust Nimmo
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Washburn
15. Birthplace Va.

16 (a) Informant Mrs Lorain T. Smith (nephew)
(b) Address 209 Edgevale Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 14 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942 at 9:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1942 to Feb 12 1942, and that I last saw h e alive on Feb 12 1942.

Immediate cause of death Sub arachnoid Hemorrhage — Duration 3 days

Due to Hypertension — Duration 3

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation –
Major findings of operation: –

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Gibson Porter
Address 4522 Roland Ave Date signed 2/17/42

VS 3

Correct Age if Incorrect in Body

F 89111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 89111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Annabel Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Annabel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard J. Snope

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-8717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura G Snope
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Mar 14 1878

8. AGE: Years	Months	Days	If less than one day
63	10	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business Retired

FATHER
12. Name John Snope
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ella Messicks
15. Birthplace Baltimore

16 (a) Informant Mrs Laura Snope
(b) Address 406 Annabel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co. Md

18 (a) Funeral director John Ulman
(b) Address 2502 Orleans St

19 (a) (Deputy Registrar) (b) Huntington Williams, M.D. Registrar

FEB 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12/42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 12 1942, and that I last saw him alive on Feb 11 1942.

Immediate cause of death	Duration
Myocarditis	
Due to Grippe	
Due to Arterial Hypertension	
Other Conditions Cardio Renal Vascular Dis	

(Mention pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Johnson
ROBERT W. JOHNSON, M.D.
Address 117 W. SARATOGA ST., BALTIMORE, MD. Date signed

Information on this certificate is especially important. Please correct age is especially important.

F 89112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Jordan Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Bantom

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Bantom
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Lewis
15. Birthplace Md.

16 (a) Informant Miss Ella Bantom
(b) Address 533 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942 at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/12/42

89113 16

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89113

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 S Robinson St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name of
(d) Street No. 920 S Robinson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Rosinski (Birth # 26033)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-41

8. AGE: Years | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Stanley Rosinski
13. Birthplace

MOTHER 14. Maiden Name Mary Kucharek
15. Birthplace Md

16 (a) Informant Mary Rosinski
(b) Address 920 S Robinson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof Feb 16-42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Germen Hill Rd.

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St

19 (a) FEB 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942 at 1150 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronch-pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Mitchell M.D.
Medical Examiner.

Date signed 2/13/42

VS 6

89114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 89114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 Dillon St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Austria

3 (a) FULL NAME John ~~Szptura~~ SZPATURA

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age: unk years

7. Birth date of deceased (mo., day, yr.): July 2, 1885

8. AGE: Years 56 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business: Tailor

FATHER
12. Name: Theodore Szptura
13. Birthplace: Austria

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Austria

16 (a) Informant: Balto. City Hospt. records
(b) Address: 4940 Eastern Ave.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 2/16-42 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Dundalk ave

18 (a) Funeral director: John J. Dyda
(b) Address: 2829 Hudson St.

19 (a) FEB 14 1942 Huntington Williams, M.D. Registrar
(b) Address:

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13. 1942 at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1942 to 2-13 1942 and that I last saw him alive on 2-13 1942

Immediate cause of death	Duration
Coronary Thrombosis	Less 1hr.
Arteriosclerosis	Unk.
Due to Mitral Insufficiency	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M.D.
Address Balto. City Hospitals Date signed 2/15/42

correct age is especially important

VS 3

F 89115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 89115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 N.Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 N.Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Wetz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob Wetz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1865

8. AGE: Years	Months	Days	If less than one day
76	2	6	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Mrs. May Wetz
(b) Address 1828 N.Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Registered FEB 14 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1942 at 11,30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939 to Feb 11 1942
and that I last saw h[illegible] alive on Feb 11 1942

Immediate cause of death Carcinoma of Skin + uterus — Duration 4 yr

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Edward Zimmerman, M.D.
Address 2858 N. Fremont Date signed 2/13/42

correct age is especially important

9116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-11 Registered No. E 9116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Ramsay Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Lomar (Lamonde)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1885

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	8	2		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace France

16 (a) Informant Elizabeth DeCinto
(b) Address 1023 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Eastern Ave.

18 (a) Funeral director John J. Conway & Son
(b) Address 906 Hollins St.

19 FEB 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Illuminating Gas ?

Due to Pending Chemical Analysis

Due to

Other Conditions Postmortem Cardio-Vascular Renal Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide ?
(b) Date of occurrence Probably 2/10/42 at ? M
(c) Where did injury occur? 901 Ramsay St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Probably Illuminating Gas

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 2/13/42

VS 6

F 89117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-2 Registered No.

F 89117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits write RURAL and give town)
(d) Street No. 4808 Laurel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bailey Stephen McHugh (South F-43288)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/42

8. AGE: Years	Months	Days	If less than one day
		15 days	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation (infant)

11. Industry or business

FATHER 12. Name John T. McHugh

13. Birthplace Mt. Vernon Ireland New York

MOTHER 14. Maiden Name Dorothy Rockett

15. Birthplace Overlook Brooklyn N.Y.

16 (a) Informant Mercy Hospital

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)

(c) Cemetery or crematory Immaculate Conception Location Montclair New Jersey

18 (a) Funeral director C. Vernon Lamoreaux

(b) Address 4611 Park Heights

19 (a) FEB 14 1942 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1942, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1942 to 2/13 1942 and that I last saw him alive on 2/13 1942

Immediate cause of death: Lobar Pneumonia

Due to: Pneumonia

Due to:

Other Conditions: Double Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Date of autopsy

Duration: 5-6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. McG. Beall, M.D.

Address Mercy Hosp. Date signed 2/13/42

correct age is especially important

VS 3

F 89118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 89118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 845 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie M. Sager

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Winfield S. Sager
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1865

8. AGE: Years 76 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Lemkuhl
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Wagner
15. Birthplace Germany

16 (a) Informant Mr. Winfield S. Sager
(b) Address 845 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) FEB 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1942, at 10:15M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940, to Feb 12 1942, and that I last saw h[illegible] alive on Feb 12 1942.

Immediate cause of death (Chronic Valvular disease of Heart (Chronic Endocarditis)) — Duration 1 year

Due to Cardiac Decompensation — Duration 1 mon.

Due to Chronic Valvular disease of Heart — Duration 5 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Billings M. D.
Address 222 W. Ironia Date signed Feb 13/42

VS 8

F 89119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 89119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Abell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) Street No. 3008 Abell Ave.
(If outside city or town limits, write RURAL and give town)
City Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Walls Jester

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward P. Jester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1869

8. AGE: Years 72 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Queene Anne Co. Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Wesley Walls
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Bramble
15. Birthplace Md.

16 (a) Informant Mrs. Wallis P. Jester
(b) Address 3215 Montebello Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Cremation Cem.
Location Cremation, A. A. Co. Md.

18 (a) Funeral director Jason Hickman & Sons
(b) Address Hunting & Pa. Aves

19 (a) FEB 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1942, at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16- 1942 to 2/12/ 1942 and that I last saw her alive on 2/12/ 1942.

Immediate cause of death Bacterial endocarditis

Duration Cause 1-16-42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Bandemer, D
Address 1517 E. North Ave Date signed 2/13/42

VS 3

F 89120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fullerton, P. O. Balto. Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 64 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK Boblits (Frederick Harwood Boblits)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-01-7967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Wilhelmina Boblits
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1885

8. AGE: Years	Months	Days	If less than one day
56	3	0	hr. min.

9. Birthplace Chestnut Ridge, Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Continental Milling Co.

FATHER
12. Name Cornelius Boblits
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie Will
15. Birthplace Md

16 (a) Informant Miss Virginai I. Justice
(b) Address 10 E. Burke Ave. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Carroll's Chapel
Location Chestnut Ridge, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves Balto Md

19 (a) FEB 14 1942 (Date received by registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1942 at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942 to Feb 13 1942 and that I last saw h.i.m alive on Feb 13 1942.

	Duration
Immediate cause of death Myocarditis Pericarditis & Bronchopneumonia	9 days.
Due to Ulceration & Perforation Appendix & Salpingitis.	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Was absent.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Ohlrich M. D.
Address St Joseph's Hospital Date signed 2/13/42

VS 3

Please write clearly. Physicians, please correct age is especially important.

F 89121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a F 89121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bethlehem Steel Co. - Dry docks - Key Highway
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William G. Robertson

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-05-7199

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adele H. Robertson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1872

8. AGE: Years 69 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk Beth. Steel Co.

11. Industry or business Steel

FATHER
12. Name William Robertson
13. Birthplace Va

MOTHER
14. Maiden Name Mary S. Valiant
15. Birthplace Md

16 (a) Informant Mr. Wm. G. Robertson Jr.
(b) Address 715 Woodbourne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SON INC.
(b) Address North & Pa Aves

19 (a) FEB 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 1942, at 11:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions Arteriosclerotic Cardio-renal disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wheeler M.D.
Medical Examiner.

Date signed 2-12-42

VS 6

89122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 89122

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Oakhurst Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Oakhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD REESE STEWART

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-03-7734

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ida R. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1878

8. AGE: Years	Months	Days	If less than one day
63	3	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Continental Rubber Co

FATHER
12. Name William C. Stewart
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sophia Reese
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Ida R. Stewart
(b) Address 1207 Oakhurst Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director WM J. TICKNER & SON INC
(b) Address North & Pa Aves

19 (a) FEB 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1941, to Nov. 7 1941, and that I last saw h[illegible] alive on Nov. 7 1941

Immediate cause of death: Acute Dilatation of Heart — Duration: Immediate

Due to: Carcinoma of Bladder (primary) — Duration: about 1 yr

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lebrun Evans

Address 3945 St Paul St Date signed 2/18/42

F 89123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Gwynn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Gwynn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Colliflower

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna M. Colliflower

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1864

8. AGE: Years 77 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Chambersburg, Pa. (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business

FATHER 12. Name George R. Colliflower

13. Birthplace Md.

MOTHER 14. Maiden Name Anna Elizabeth Deckert

15. Birthplace Pa.

16 (a) Informant Mrs. Anna M. Colliflower

(b) Address 339 Gwynn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Grove

Location Chambersburg, Pa.

18 (a) Funeral director Wm. J. Tilkner & Sons

(b) Address North & Pa. Aves

19 (a) FEB 14 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to Feb 12 1942, and that I last saw h[illegible] alive on Feb 12 1942.

Immediate cause of death Cardiac Decompensation — Duration

Due to Hypertensive Cardiovascular Disease

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M. Robinson Jr. M. D.

Address 244 N. Fulton St Date signed 2/13/42

VS 2

F 89124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 89124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1047 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)? If yes, name country

3 (a) FULL NAME Cecelia Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Charles Co Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Walter Smith
13. Birthplace Charles Co Md

MOTHER
14. Maiden Name Sophia Wheeler
15. Birthplace St Marys Co Md

16 (a) Informant Rosa Champlin
(b) Address 1208 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) FEB 14 1942 (Date received by registrar) Registrar for Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942 at 12 1/2 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death
Hypertrophy of Left ventricle Pulmonary
Due to Edema - Hypostasis

Duration
over

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rose Sandweiss M.D. Medical Examiner.
Date signed 2/12/42

VS 6

F 89125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 N. Caroline St.
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Caroline Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Raffo

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank Raffo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1873

8. AGE: Years 68 | Months 4 | Days 26 | If less than one day ########## min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Matthew Gambardella
13. Birthplace Italy

MOTHER
14. Maiden Name Caroline Lanera
15. Birthplace Italy

16 (a) Informant Mr. Dominic Raffo (Son)
(b) Address 2907 Markley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave.

19 (a) FEB 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12th, 1942 at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1941, to Feb. 12, 1942, and that I last saw her alive on Feb. 12 1942.

Immediate cause of death: Chronic Myocarditis — Duration 1 yr.
Due to Arteriosclerotic Cardio-vascular Renal Disease — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1321 Cathedral Date signed 2-13-42.

89126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-7

F 89126
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Somerset St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Somerset St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma O. Walford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1881

8. AGE: Years 60 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Natham Tooney
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Joseph Phillips
(b) Address 917 Somerset Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Caroline St

19 (a) (Date received by registrar) FEB 11 1942 (b) Huntington Ave. Registrar

VS 6

correct age is approximate

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1942, at 11:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Carcinoma of Vulva — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Holbrook M.D. Medical Examiner.
Date signed 2/13/42

F 89127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 D F 89127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 11da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 S. Hanover Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FAHEY MCKEW

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218-03-1943

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1890

8. AGE: Years 51 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation RACE TRACK*CASHIER

11. Industry or business

FATHER
12. Name William H. McKew
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Margaret Fahey
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John J. Fahey & Sons
(b) Address 2 E. Preston St.

19 (a) FEB 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1942 at 1:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1941 to Feb. 13, 1942 and that I last saw him alive on Feb. 13, 1942

Immediate cause of death Cirrhosis of liver — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/6; 1/28/42

Major findings of operation Anastomosis, saphenopitoneal; paracentesis

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. M. H. du charon, M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 2/13/42

VS 3

89128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 ✓ Registered No. E 89128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 265
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Wilkins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Krug

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1875
8. AGE: Years 67 | Months | Days | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Geo V. P. Krug.
13. Birthplace Germany

MOTHER
14. Maiden Name Anna S. Eggman
15. Birthplace Germany.

16 (a) Informant Michael Rubinstein
(b) Address 420 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Roth
(b) FEB 14 1942 5 Harford Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1942 at 7.34 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock -
Due to: Fx. of femur - 3 hr. 45 degree burns
working 90% of body
Other Conditions: Chronic
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-13-42 at 5.26 A.M
(c) Where did injury occur? 420 Wilkins Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Conflagration

23. Signature Howard J. Alexander M.D.
Medical Examiner.
Date signed 2-13-42

VS 6

39129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 ✓

Registered No. E 39129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Wilkshire ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Krug

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1869?

8. AGE: Years	Months	Days	If less than one day hr.	min.
73?	1	9		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Geo F Krug
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M Steyman
15. Birthplace Germany.

16 (a) Informant Michael Finnstein
(b) Address 4202 Wilshire Ave

17 (a) Burial (b) Date thereof 2-16-42 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Roth
(b) Address 5300 Harford Rd

19 (a) FEB 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1942, at 6 35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death Shock — Duration

Due to 1st, 2nd & 3rd degree burns involving 1/3 of body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-13-42 at 5.26 A M
(c) Where did injury occur? 4202 Wilkshire Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Conflagration

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 2-13-42

VS 6

39130 Bowen F 39130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Jassmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Perryman
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Bowen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry Bowen
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Dec 4 1877

8. AGE: Years	Months	Days	If less than one day
64	2	10	hr. ___ min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Housework
11. Industry or business Own home

FATHER
12. Name George Kalmbacher
13. Birthplace Maryland

MOTHER
14. Maiden Name Not obtained
15. Birthplace ?

16 (a) Informant Miss Magdalene Bowen
(b) Address 1418 Jackson St Baltimore

17 (a) Burial (b) Date thereof Feb 17-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Paul Lutheran
Location Perryman Md

18 (a) Funeral director Beaver Funeral Home
(b) Address Aberdeen Md

19 (a) FEB 14 (b) Huntington White, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to Feb 14 1942 and that I last saw her alive on Feb. 14 1942

Immediate cause of death	Duration
Meningitis, organism undiagnosed	6 days ?
Due to Psoas abscess, right ?	35 days
Due to	
Other Conditions Diabetes mellitus, Thrombophlebitis	6 mos. ?

(Include pregnancy within 3 months of death)
Date of operation Jan. 2, 1942
Major findings of operation: Psoas abscess, right
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabelle Harrison M. D.
Address Church Home & Infirmary Date signed 2-14-42

VS 1

correct age is especially important

89131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 89131

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address 1944 West Mosher St.

c) Hospital or institution:

d) Length of stay in hospital or inst. (yrs., mos., or days)

e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1944 W. Mosher St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME MARY M. Cutshaw

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Cutshaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18. 1889

8. AGE: Years 53 Months Days 24 If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name Martin Cutshaw

13. Birthplace Germany

MOTHER 14. Maiden Name Annie E. Smith

15. Birthplace Alex VA

16 (a) Informant Miss Cutshaw. Sister.

(b) Address 1944 W. Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 14. 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address 1538 Collins Street

FEB 14 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940. at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 19 42 to Feb 12 1942. and that I last saw her alive on Feb 12 1942

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis & Cardiac a vascular disease

Due to:

Other Conditions: Schizophrenia, malnutrition

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration
?
?
? one

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel Robinson

Address 1919 N Monroe St Date signed 2/13/42 M. D.

Lot 3321

9132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89132

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madeira St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md VILLA CRESTA.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7905 Elmhurst Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

17

3 (a) FULL NAME Martha B Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3 1875

8. AGE: Years	Months	Days	If less than one day
66	6	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business — Home —

FATHER
12. Name Nathaniel Heaps
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Shawbird
15. Birthplace Md

16 (a) Informant Mrs. Carl Lathrop (Domestic)
(b) Address Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director Albert W Bunyan
(b) Address 440 E North Ave

19 (a) FEB 14 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942, to 2-12 1942
and that I last saw her alive on 2-12 1942.

Immediate cause of death Uremia

Due to Hypertonic Nephritis

Due to Diabetes Mellitus

Other Conditions Cellulitis & Gangrene Arm. Abd. Wall
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Hypertonic Nephritis - Gangrene Abd.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F B Whitman M.D.
M. D.
Address Md. Gen. Hosp Date signed 2-12-42

correct age is especially important

F 89133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111-c

Registered No. F 89133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2841 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ST. ELMO BROYLES

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 219-14-1006

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lucille Broyles
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Apr 13 1907

8. AGE: Years 34 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace Landside N Va (Town, county, and state)
10. Usual Occupation Cigar
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Wilborn Broyles
13. Birthplace N C

MOTHER
14. Maiden Name Lessie Davis
15. Birthplace N C

16 (a) Informant Lucille Broyles
(b) Address 2841 W North Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/15/42 (month) (day) (year)
(c) Cemetery or crematory Broyles
Location Pine Grove N C

18 (a) Funeral director Wilborn Coe
(b) Address 1219 E Cold St

19 (a) FEB 15 1942 (Date rec'd by Registrar) Huntington Williams Registrar, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14th 1942 at 9:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary edema — Duration:
Due to: Cancer mediastinum
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner.
Date signed 2-14-42

F 89134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town North East
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen J. Crouch

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma C. Crouch

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 6 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	8	8		

9. Birthplace North East Cecil Co Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name George Stephen Crouch
13. Birthplace North East Md

MOTHER
14. Maiden Name Rachel Lake
15. Birthplace Chesapeake City Md

16 (a) Informant Emma C. Crouch
(b) Address North East, Md

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 17 1942 (month) (day) (year)

(c) Cemetery or crematory North Ridge
Location North East Md

18 (a) Funeral director Joseph A. Frank
(b) Address North East Md

19 (a) Date received by Local Registrar FEB 15 1942 **(b)** Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1942, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1942 **to** 2-14 1942, **and that I last saw him alive on** 2-14 1942.

Immediate cause of death Cardiac failure — **Duration** 48 min.

Due to Hypertension + arteriosclerosis

Due to Cardiac Insufficiency

Other Conditions Hypertension Thrombosis Left.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital **Date signed** 2-14-42

Correct age is especially important.

F 89135 BALTIMORE CITY HEALTH DEPARTMENT F 89135

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town [illegible] Clinton
(If outside city or town limits, write RURAL and give town)
(d) Street No. General Delivery
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 192-12-6096

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 3 1894

8. AGE: Years	Months	Days	If less than one day
47	6	9	hr. min.

9. Birthplace Halifax N. Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Lee Turner
13. Birthplace Halifax N.C

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Gay Funeral Home
(b) Address Rocky Mount - N. Carolina

17 (a) Burial (b) Date thereof Feb 16 - 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Halifax
Location Halifax N. Carolina

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 East Oliver St.

19 (a) FEB 15 1942 Wilmington for Williams, N.C.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942 at 7 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ** find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Lobar pneumonia	
Due to Streptococcus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Underhill M.D.
Medical Examiner.
Date signed 2/12/42

VS 6

F 89136 ROBERT F. MILLER X V F 89136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Upperco - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert F. Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rachel Naylor Miller
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 26-1885

8. AGE: Years	Months	Days	If less than one day
56	5	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Bamblitz
15. Birthplace Maryland

16 (a) Informant Mrs Robt F Miller
(b) Address Upperco Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Co Md

18 (a) Funeral director Edw Clifton
(b) Address Hampstead Md

19 (a) FEB 15 1942 (Date filed by registrar) Lurlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14-42 19 , at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18-1942, to 2-14-1942, and that I last saw him alive on 2-13-1942.

Immediate cause of death Acute cardiac dilatation
Due to Cardiac hypertrophy
Due to Hypertensive cardio-vascular disease or atherosclerotic heart dis.
Other Conditions Prostatic malignancy, site unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Gibbs M. D.
Address University Hospital Date signed 2-14-42

VS 3

Please answer all questions. Physician: Underline the correct age in especially important.

F 89137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-B

Registered No. F 89137

PLACE OF DEATH:

a) Baltimore City, Maryland

b) Street address Fayette & Calhoun Sts.

c) Hospital or institution: Franklin Square Hospital

d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Apt #1 - Oaklee Village (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Dorothy K. (Atkins) ATKINS F44508

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hugh H. Atkins

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Dec 11 1909

8. AGE: Years 37 | Months 2 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Indianapolis INDIANA (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER | 12. Name Williams Heel

13. Birthplace Unknown

FATHER | 14. Maiden Name Freida Hoffman

15. Birthplace Unknown

16 (a) Informant Hugh H. Atkins

(b) Address Apt #1 Oaklee Village

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 42 (month) (day) (year)

(c) Cemetery or crematory Indianapolis Indiana

Location Roth & B. M. Walters

18 (a) Funeral director Roth & Sheckells

(b) Address Arch & Church Sts

19 (a) FEB 15 1942 (Date received by local registrar) (b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1942, at 2 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1942 to Feb. 14, 1942 and that I last saw h[illegible] alive on Feb. 14, 1942

Immediate cause of death Traumatic shock — Duration days

Due to

Due to

Other Conditions Prolonged labor Child post partum hemorrhage (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Oscar Harrison M. D.

Address Franklin Square Hosp Date signed 2/14/42

F 89138 ✓ F 89138

BALTIMORE CITY HEALTH DEPARTMENT 13-B Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 N Appleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Potlock

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-6583

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1878

8. AGE: Years 63 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business

FATHER 12. Name: Paul Potlock
13. Birthplace: Russia

MOTHER 14. Maiden Name: Leah ?
15. Birthplace: Russia

16 (a) Informant: Sarah Potlock
(b) Address: 1529 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15, 1942 (month) (day) (year)
(c) Cemetery or crematory: Washington Road
Location: Washington Blvd

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) Feb 16 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1942 to Feb. 14, 1942 and that I last saw him alive on Feb. 14, 1942.

Immediate cause of death: Coronary Thrombosis ?
Due to: arteriosclerotic C.V.D.
Due to:
Other Conditions: Pulmonary TBC
(Include pregnancy within 3 months of death)

Duration:
4½ yrs.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Kenneth Rieker, M.D.
Address: Sinai Hospital Date signed: 2-14-42

F 89139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89139

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 N. Rose St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 N. Rose St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband or wife August Hartman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
about 59			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Stoff
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Albert J. Hoff
(b) Address 1920 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-16-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location E. North Ave.

18 (a) Funeral director Henry Hoch & Sons Inc.
(b) Address 1301 E. Fayette St.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) FEB 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1942 at 7 54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17- 1935 to 2-12 1942 and that I last saw her alive on 2-12- 1942.

Immediate cause of death	Duration
Chronic Nephritis	7 yrs.
Due to Hypertension and Arteriosclerosis	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melton C. Lang M. D.
Address 2117 Belair Rd Date signed 2-14-42

COFFEE AGE IS approximate

Accident-Removal
~~F 89140~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E F 89140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 562 Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Rowsby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1906

8. AGE: Years 35 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Rowsby
13. Birthplace Va

MOTHER
14. Maiden Name Martha Jessup
15. Birthplace Va

16 (a) Informant Friends —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-42 (month) (day) (year)
(c) Cemetery or crematory Lilian Lot
Location

18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave

19. (a) (Entered by registrar) (b) Huntington Williams, M.D. Registrar

FEB 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942 at 1630 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 11 1942 and that I last saw him alive on Feb 11 1942.

Immediate cause of death: Pulmonary edema — Duration: 3 d.
Due to: Hypertension with myocardial insufficiency — Duration: several yrs.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank R Hinman M. D.
Address Date signed

F 89141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 W. Lanvale st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle M. Merriken

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Thomas Merriken

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1862

8. AGE: Years 79 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Jerome Magness
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Chas J. Hall (Son)
(b) Address 2836 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 317 St. Paul St

FEB 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1942, at 5:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 2 1942 to Feb 12 1942 and that I last saw him alive on Feb 11 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Terminal Uremia	
Due to Sclerosis	✓
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Date of operation ✓
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature Isabelle M. Merriken
Address 1219 Eastland Ave Date signed 2/16/42

VS 2

F 89142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89142 Registered No. 131-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Venable Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Venable Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Clay Waldman

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche A. Waldman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 17 1876

8. AGE: Years 65 | Months 8 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired Contractor

11. Industry or business Building

FATHER
12. Name Henry Clay Waldman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ann M. Allen
15. Birthplace Clintondale N Y

16 (a) Informant Blanche A. Waldman
(b) Address 417 Venable Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) Filed Feb 15 1942 (b) Registrar's signature Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13th 1942, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to Feb 13 1942, and that I last saw h/M alive on Feb 13 1942

Immediate cause of death Uremia — Duration 4 days

Due to Hypertension, Cardiovascular renal disease — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Taylor M.D.
Address 3902 Clemont Date signed Feb 13 1942

F 89143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

F 89143

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 W 25th St, City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Watson Rand

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-01-2066

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mrs Isabel Rand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1892

8. AGE: Years	Months	Days	If less than one day
50 57	1	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Louis Rand
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret J. Cudden
15. Birthplace Maryland

16 (a) Informant Mrs. James W Rand
(b) Address 213 W. 25th, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Butto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) [illegible] (b) Huntington Williamsport Md

FEB 16 1942

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942, at 7:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Feb 14 1942, and that I last saw h[illegible] alive on Jan 14 1942.

Immediate cause of death	Duration
Hemorrhage into esophagus & thoracic	6 days
Due to Cancer of Aorta	years
Due to	
Other Conditions Aorta Bronchitis	2 mos.

(Include pregnancy within 3 months of death)
Date of operation Jan 24, 1942
Major findings of operation None
of autopsy Aortic aneurysm ruptured into esophagus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 2-14-42

F 89144 ✓ F 89144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 Covington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Covington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Marshall

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ James Edward Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10th 1844

8. AGE: Years	Months	Days	If less than one day
77	2	4	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Uphoff
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Baer
15. Birthplace

16 (a) Informant William H. Marshall
(b) Address 32 E. Wheeling St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

19 (a) (b) Registrar

FEB 15 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14th 1942, 11:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1/41, to Feb. 14/42. and that I last saw h. er alive on Feb. 12/42.

Immediate cause of death: Cerebral Hemorrhage. — Duration: 10 weeks

Due to: Arterio-Sclerosis. — Unknown.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hands Jones M. D.
Address 933 Hanover Date signed Feb 14/42

Huntington Williams, M.D.

F 89145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 89145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5432 Belair Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Washington Berry

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-3238

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1900

8. AGE: Years	Months	Days	If less than one day
41	11	27	____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Upholsterer

11. Industry or business Chauffeur

FATHER
12. Name Edward Berry
13. Birthplace Unknown

MOTHER
14. Maiden Name Bridget Fitzpatrick
15. Birthplace "

16 (a) Informant Mary E. Bowman
(b) Address 5432 Belair Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/17/42 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros
(b) Address 1214 E Fayette St

19 (a) ____ (b) Huntington Mills Registrar
(Date received by registrar) FEB 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1942, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1942 to 2-14 1942 and that I last saw him alive on 2-14 1942

Immediate cause of death: Stokes Adams Syndrome
Due to Heart Block
Due to Myocardial Fibrosis - Etiology Undetermined
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Myocardial Fibrosis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Gutman M.D. M. D.
Address Sinai Hosp. Date signed Feb. 14, 1942

F 89146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Eutaw Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 Eutaw Pl (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis A. Mayr.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Rose Lesser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-1863

8. AGE: Years 78 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Ret. Pharmacist

11. Industry or business

FATHER 12. Name Lazarus Mayr

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Dr Wm F. Mayr

(b) Address 2034 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-42 (month) (day) (year)

(c) Cemetery Hebrew

Location Herring Run

18 (a) Funeral director Jack Levin Inc

(b) Address 1739 E. Baltimore St

19 (a) FEB 15 1942 (Date received by registrar) Certificate for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14- 1942 at 7 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1942 to 2/14 1942 and that I last saw h living on 2/13 1942

Immediate cause of death: General & central tuberculosis — Duration 4 yrs

Due to: Bronchopneumonia terminal — Duration 4 hrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chester B. Lusk

Address 2904 Keswick Rd Date signed 2/14/42 M. D.

correct age is especially important

VS 2

F 8.9147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/20-B

F 8.9147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Dequoia Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Selma Haimowitz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4-1923

8. AGE: Years 18 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Abraham Haimowitz
13. Birthplace Roumania

MOTHER
14. Maiden Name Sylvia Harris
15. Birthplace Balto. Md

16 (a) Informant Abraham Haimowitz
(b) Address 3315 Dequoia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-42 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd.
Location Mount Olive Cem.

18 (a) Funeral director Jos. Levin & Bro
(b) Address 1439 E. Balto. St.

19 (a) (Date received by local registrar) Lillian Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14, 1942 at 9:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 14 1942 and that I last saw h[illegible] alive on Feb 14 1942.

Immediate cause of death: acute peritonitis — Duration

Due to: perforation of sigmoid

Due to: Chronic ulcerative colitis

Other Conditions: Leucocytosis, thrombocytosis, Vena Cava.
(Include pregnancy within 3 months of death).

Major findings:
Of operation: Chronic ulcerative colitis. Sigmoidectomy performed.
Of autopsy: [illegible] [illegible] about.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J. Maloney M. D.
Address Date signed 2/19/42

F 89148

F 89148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19-East-21-St-
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19-E-21st St- (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

12

3 (a) FULL NAME Kate May Lehr

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single-
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April-5-1864

8. AGE: Years 77 | Months 10 | Days 8 | If less than one day: hr. min.

9. Birthplace Harford-Co. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William F. Lehr
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Moller
15. Birthplace Germany

16 (a) Informant Miss Elizabeth M. Lehr (sister)
(b) Address 19-E-21-St-City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-16-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto.-Md.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W. Mount Royal Ave.

19 (a) Date received FEB 15 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1942 at 9.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1918 to Feb 13 1942 and that I last saw her alive on Feb. 13 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 day
Due to: Cardio vascular Hypertension — many years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2436 Mary Land Ave Date signed 2/15/42 M. D.

FEB 15 1942

SETTLE

F 89149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 89149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4416 Kathland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4416 Kathland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: William Williamson Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-1070

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ann Love Carr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1871

8. AGE: Years	Months	Days	If less than one day
70	8	25	24 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Teller
11. Industry or business Eutaw Savings Bank

FATHER
12. Name William Sanders Carr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Williamson
15. Birthplace Norfolk Va.

16 (a) Informant Ann Love Carr
(b) Address 4416 Kathland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1942 (month) (day) (year)
(c) Cemetery or crematory Private Cem. Granite
Location Baltimore Co Md

18 (a) Funeral director Henry F. Thuncock
(b) Address 4204 Ridgewood Ave

19 (a) FEB 15 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1942 to Feb 14 1942, and that I last saw him alive on Feb 12 1942.

Immediate cause of death Coronary Thrombosis — Duration Feb 12. hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) Md
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Darby M. D.
Address 817 Medical Arts Bldg Date signed Feb 14/42

F 89150

SS 71072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-N

F 89150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sam Huff

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 4, 1885

8. AGE: Years 56 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace: Georgia (Town, county, and state)

10. Usual Occupation: Truck Driver

11. Industry or business: State Highway

FATHER
12. Name: Jim Huff
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mary Hysler
15. Birthplace: Georgia

16 (a) Informant: B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-42 (month) (day) (year)
(c) Cemetery or crematory U. S. National Cem
Location City

18 (a) Funeral director Roff & B. M. Walters
(b) Address Pratt Street Ext.

19 Filed FEB 15 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9, 1942 at 920 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1942 to 2-9 1942 and that I last saw h. alive on 2-9 1942

Immediate cause of death: pneumococcal pneumonia. Type unk. — Duration 48 hrs

Due to:

Due to: Carcinoma of lower lip

Other Conditions: Plastic Repair of lower lip (Include pregnancy within 3 months of death)

Date of operation 2-10-42

Major findings of operation: Carcinoma of lip

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyrick H. Bentley Jr. M. D.
Address Balto City Hosp. Date signed 2-10-42

VS 3

F 89151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89151 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Duncan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Nores

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-01-3567

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Nores
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1900

8. AGE: Years	Months	Days	If less than one day
41	6	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Acid Operator
11. Industry or business Gen. Chemical Co.

FATHER
12. Name Simon Nores
13. Birthplace Germany, Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Mary Nores
(b) Address 413 S. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director John A. Moore
(b) Address 3000 E. Baltimore, St.

19 (a) Tom Williams (b) Date rec'd by registrar FEB 15 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1942 to Feb 13 1942 and that I last saw him alive on Feb 13 1942

Immediate cause of death Pulmonary tuberculosis — Duration 1940
Due to Chronic Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Lefty M. D.
Address 737 S. Paca St. Date signed 2/17/42

VS 8

F 89152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 89152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hattie Jones Johnson

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 2, 1867

8. AGE: Years 74 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Towson, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Johnson
13. Birthplace Towson, Maryland

MOTHER
14. Maiden Name Emma ?
15. Birthplace Maryland

16 (a) Informant Hattie Jones Johnson
(b) Address 1239 Division Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N. Schroeder St.

19 (a) FEB 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942, at 5 10/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia lobular — Duration

Due to Fracture, left tibia and fibula

Due to

Other Conditions Hematoma subdural

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 17/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-5-41 at 6 55/60 M
(c) Where did injury occur? Lonsdale & Argyle (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 2-11-42

VS 6

F 89153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Wilson

3 (b) If veteran, name war –
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Booth
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Lissie Reed
15. Birthplace Calvert Co. Md.

16 (a) Informant Sarah Wilson
(b) Address 1224 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date received by registrar) (b) Huntington Williams

VS 6 FEB 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 19 42 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock — Duration

Due to 1st. 2nd 3rd Degree burns involving 90% of body

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-12-42 at 11.55 A.M
(c) Where did injury occur? 1224 Division St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Flame from stove oil fire to clothes

23. Signature Howard J. Cuccia M.D. Medical Examiner.
Date signed 2-13-42

F 89154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 144-D

F 89154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Arlington Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Thelma Capitas Brooks — S 30069

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Wesley Brooks
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1926

8. AGE: Years	Months	Days	If less than one day
16	1 3	1 7	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business none

FATHER
12. Name Leroy Martin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Thelma Johnson
15. Birthplace Baltimore, Md.

16 (a) Informant Father & Mother
(b) Address 233 North Arlington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 (a) FEB 15 1942 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1941 to Feb. 1942, and that I last saw her alive on Feb. 12 1942.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Toxemia of Pregnancy	
Due to	
Other Conditions Pregnancy	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address Provident Hospital Date signed 2-13-42

VS 3

F 89155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 W.North Ave.
(c) Hospital or institution:
Lutheran Deaconess Motherhouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 W.North Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Sister; LYDIA PERRY

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1869

8. AGE: Years 72 | Months 10 | Days 2 10 | If less than one day hr. min.

9. Birthplace Woodstown New Jersey
(Town, county, and state)

10. Usual Occupation Deaconess

11. Industry or business Lutheran Deaconess

FATHER
12. Name H.C.Perry
13. Birthplace New Jersey

MOTHER
14. Maiden Name Phebe W.Williams
15. Birthplace New Jersey

16 (a) Informant Sister Martha
(b) Address 2500 W.North Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Freesburg Cemetery
Location Freesburg New Jersey

18 (a) Funeral director C.B.Wisbert & Son
(b) Address 1300 Eutaw Place CC.

19 FEB 15 1942 (Local registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1942 at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18- 1939 to 2-12 1942 and that I last saw her alive on 2-12 1942.

Immediate cause of death: Cerebral thrombosis — Duration since 1-26-42

Due to: Cerebral arteriosclerosis — Duration since 1-18-39.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse Bowden

Address 517 E. North Ave. Date signed 2/14/42 M. D.

Dr. Bowden

F 89156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Athol Ave. Irvington
(c) Hospital or institution:
General German Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Mary (If outside city or town limits, write RURAL and give town)
(d) Street No. Athol Ave. Irvington (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. PRISCILLA J. SPRINGER

3 (b) If veteran, name war: No.

3 (c) Social Security Account No.: No.S.S.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Leopold Springer

6 (c) If alive, give age: D. years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1857

8. AGE: Years: 85 | Months: -- | Days: 9 | If less than one day: ** hr. ** min.

9. Birthplace: Dorchester County Md. (Town, county, and state)

10. Usual Occupation: Resident of aged Home

11. Industry or business

FATHER
12. Name: Philip Corrington
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine Kelly
15. Birthplace: Maryland

16 (a) Informant: Home Records
(b) Address: Athol Ave. Irvington.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: C. B. Wisbert & Son
(b) Address: 1300 Eutaw Place

19 Filed FEB 15 1942 [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 42 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10/42 Feb. 13/42 19 42 and that I last saw her alive on Feb. 13/42 42

Immediate cause of death: Broncho-Pneumonia — Duration: 1 Mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hertz Edwards M. D.
Address 930 Hollins Date signed 2/14/42

F 89157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 — F 89157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Marriottsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Marriottsville Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY N BROSENNE JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine M. Cumberland Brosenne (If widow, give age 28 years)

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1908

8. AGE: Years 33 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)

10. Usual Occupation Landscape Gardener

11. Industry or business

FATHER 12. Name Harry N. Brosenne

13. Birthplace Baltimore Co. Maryland

MOTHER 14. Maiden name Mary Ellen O'Neill

15. Birthplace Howard Co. Maryland

16 (a) Informant Norman J. Brosenne

(b) Address 1908 Wickliffe St. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1942 (month) (day) (year)

(c) Cemetery or crematory St. John's Cem

Location Ellicott City Md.

18 (a) Funeral director Easton Sons

(b) Address Ellicott City Md

19 (a) (Date received by local registrar) Feb 13 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 6:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Laceration spinal cord — Duration

Due to: Fracture of 10th thoracic vertebra

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: 2-11-42

Major findings of operation: as above

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 2-11-42 at 11 a.m. M

(c) Where did injury occur? farm, Marriottsville, Howard Co. Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? farm (Specify type of place) While at work? Yes

(e) Means of injury While riding pole off truck. Brake slipped — truck collided with pole

23. Signature H. J. Wollenweber M.D. Coroner Medical Examiner.

Date signed 2-17-42

CORRECT

F 89158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-18-4097

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola Bentley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 18, 1895

8. AGE: Years 46 Months 1 2 Days 5 2 6 If less than one day hr. min.

9. Birthplace: Howard Co Maryland (town, county, and state)

10. Usual Occupation: Laborer.

11. Industry or business:

FATHER
12. Name: Charles Carroll Smith
13. Birthplace: Howard Co Maryland

MOTHER
14. Maiden Name: Mary Virginia Merryfield
15. Birthplace: Howard Co. Maryland

16 (a) Informant: Mrs Viola B. Smith
(b) Address: Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory: Hol Kein Cemetery
Location: Ellicott City

18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City

19 (a) FEB 15 1942 (Date rec'd by registrar) (b) Ellicott City, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/42 1942 at 7 #3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942 to Feb. 13 1942 and that I last saw him alive on Feb. 13 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 9 days
Due to: Hypertension
Due to:
Other Conditions: Recent Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Ralph W. Beckham, M.D.
Address: Provident Hosp. Date signed 2/13/42

correct as to the following particulars

F 89159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 89159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 +

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Parkhead) (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 2nd st Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ervin F. Kelly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 - 1923

8. AGE: Years	Months	Days	If less than one day
18	8	11	hr. min.

9. Birthplace Rockhall Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Bethlehem Steel

FATHER 12. Name Wm Sterling Kelly
13. Birthplace Rockhall Md.

MOTHER 14. Maiden Name Nellie Baker
15. Birthplace Rockhall Md.

16 (a) Informant Wm Sterling Baker
(b) Address Rock Hall Md.

17 (a) 2-17-42 (Burial, cremation, or removal) (b) Date thereof Buried (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cem
Location Rock Hall Md.

18 (a) Funeral director Harvey Williams
(b) Address Chestertown Md.

19 (a) FEB 15 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 5-30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple ruptures and gangrene of colon
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2/14/42 at 3 A M
(c) Where did injury occur? Fenwick-Det. St Bldg (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Gun shot wound of chest

23. Signature Wm H. Garlett M.D. Medical Examiner.
Date signed 2/14/42

VS 6

F 89160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 89160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 342 S. Smallwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 342 S. Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME August Karloski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1865

8. AGE: Years	Months	Days	If less than one day
76	5	4	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wilhelm Karloski
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Chikusky
15. Birthplace Germany

16 (a) Informant Miss Elizabeth Karloski
(b) Address 342 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem. Location Edmondson Ave

18 (a) Funeral director John J. Gowan & Son
(b) Address 901 Hollins St

19 (a) — (Date rec'd by registrar) (b) Huntington Williams, M.D.

FEB 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Feb. 13 1942, and that I last saw h[illegible] alive on Feb. 12 1942

Immediate cause of death
Apoplexy — Duration 2 days
Due to Hypertension — Duration 3 yrs
Due to Generalized Arteriosclerosis — Duration —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Moore M. D.
Address 96 Cathedral St Date signed 2-14-42

correct age is apparently impossible

F 89161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 89161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Lyndale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Lyndale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine C. Kansler

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry Kansler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1894

8. AGE: Years	Months	Days	If less than one day
47	8	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Nelson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Catherine Corcoran
15. Birthplace Baltimore Md.

16 (a) Informant Harry Kansler
(b) Address 3407 Lyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 FEB 16 1942 (b) Filed rec'd by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH Feb. 13th. 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 4, 1941, to Feb. 13, 1942, and that I last saw her alive on Feb. 13, 1942.

Immediate cause of death	Duration
Carcinoma of Uterus	About 1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philibert Artigues M. D.
Address 2942 E. Fayette Street Date signed 2/13/42

VS 3

F 89162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D Registered No.

F 89162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Zapf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20-1891

8. AGE: Years	Months	Days	If less than one day
50	4	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bernhardt Zapf
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Louise Pfenning
15. Birthplace Balto. Md

16 (a) Informant Louise Zapf
(b) Address 2505 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 17 42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) Filed by [illegible] (b) Huntington Williamsburg, Md
FEB 18 1942
VS 3.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1942, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8, 1942 to Feb 17, 1942, and that I last saw h alive on Feb 14, 1942

Immediate cause of death Shock (Peripheral vascular collapse) — Duration

Due to operation

Due to

Other Conditions Anemia, Post Operative Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations F. Boric ave
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Louis Kolodner M. D.
Address Date signed

Correct Use of Typewriter

F 89163
SS 49101

Delma Smith

F 89163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 North Pine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delma Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1893

8. AGE: Years	Months	Days	If less than one day
48	3	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Tyson
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Harriett Hubbard
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Jno. W. Chase & Son
(b) Address 638 N. Fulton Ave

19 Filed FEB 16 1942 Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14 1942 at 9 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1939 to 2-14 1942
and that I last saw her alive on 2-14 1942

Immediate cause of death Pneumonia, bronchopneumonia
Contributory factors
Due to Hypostatic aortic insufficiency

Duration
1 week
72 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-15-42

Please see that correct age is especially important. Physicians, please

F 89164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C

F 89164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County - -
(c) City or town New Brighton S.I.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 573 Bard Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John H Maher (JOHN LAWRENCE MAHER)

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: HelenReginaGeisler
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Oct. 13. 1885
8. AGE: Years 56 | Months 3 | Days 23 | If less than one day: hr. min.
9. Birthplace Philadelphia Penna. (Town, county, and state)
10. Usual Occupation Division Engineer
11. Industry or business B. & O. R.R.

FATHER
12. Name Jerome Augustine Maher
13. Birthplace Phila.

MOTHER
14. Maiden Name Lizzie McGrath
15. Birthplace Phila.

16 (a) Informant Mrs. Helen G. Maher
(b) Address 573 Bard Ave. New Brighton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Virginia
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) (b) Huntington Williams, M.D. Registrar

FEB 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942 at 11:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1942 to 2-12 1942 and that I last saw him alive on 2-12 1942.

Immediate cause of death: Primary Carcinoma of Lung — Probably Hemorrhagic — Due to with Metastasis to Liver, Lung, bone, pelvis — Due to and Skull

Duration
6 months

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Isaacs M.D.
Address University Hospital Date signed 2-13-42

PLEASE WRITE correct age is especially important. Physicians: please

F 89165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 89165
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Myrtle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Myrtle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-8217

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

9. Birthplace N C
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant Mary Gibson
(b) Address 1015 Myrtle Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 2 16 42
(c) Cemetery or crematory Mt. Auburn
Location Baltimore

18 (a) Funeral director Archibald A. Sanders
(b) Address 2101 N. Eutaw St.

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942 to 2-13 1942, and that I last saw h[illegible] alive on 2-13 1942

Immediate cause of death
Lobar pneumonia
Acute cardiac dilatation
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Jackson M.D.
Address 1000 Eastern Ave. Date signed 2/14/42

VS 1

Spec.-7-17-26—A Co.—200 Blks.

F 89166

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89166

CERTIFICATE OF DEATH

✓161-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. BURMEISTER St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Burmeister

(a) RESIDENCE NO. 2828 O Donnell St. (Birth F-43973) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1942

7 AGE	Years	Months	Days	IF LESS than 1 day — hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER Leroy Burmeister

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Frances Smith

13 BIRTHPLACE OF MOTHER (city or town) Texas

(State or country) U. S. -

14 Informant Father -

(Address)

15 Filed FEB 16 1942 Huntington Williams, M.D. Registrar

7047

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1942 19

17 I HEREBY CERTIFY, That I attended deceased from ____ 19__ to Feb. 13 19 42

that I last saw h[e/im] alive on Feb. 13 19 42

and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Prolapsed cord

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

. 19 (Address) 9 Dundalk Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL

Date of Burial FEB 16 1942

20 UNDERTAKER Per H. A. Moore

ADDRESS

Commissioner of Health

OF DEATH in plain ... very important. See instructions on back of certificate.

89167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 89167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3740 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3740 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Burns.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ella M. Burns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1861

8. AGE: Years 80 | Months 1 | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired Barber

11. Industry or business

FATHER
12. Name William Burns
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Lovell
15. Birthplace Md.

16 (a) Informant Mrs. Mary A. Wisner.
(b) Address 3740 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location

18 (a) Funeral director Thomas W. Sommerville & Son
(b) Address 3615-17 Chestnut Ave

19 (a) FEB 16 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13, 1942 at 12.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20- 1942 to 2-12-1942 and that I last saw him alive on 2-12-1942.

Immediate cause of death: Cardio Renal

Duration: 6 Months

Due to

Due to

Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Romeiser M. D.
Address 3732 Roland Ave Date signed 2/16/42

VS 3

correct age is especially important

F 89168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 89168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 247 S. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 247 S. Chapel St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARION CZAJKOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant John Czajkowski
(b) Address 247 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Md.

18 (a) Funeral director F Wozazewski
(b) Address 1936 Eastern Ave

19 (a) FEB 16 1942 Huntington Williams Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerosis cardiovascular disease.	
Due to:	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolfenmeyer M.D. Medical Examiner.
Date signed 2-14-42

COPIED FROM ORIGINAL

F 89169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 89169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto County
(c) City or town Middle River Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 4th Rd Stanaltruy Estate
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Valentine (Birth F 43987)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1942

8. AGE: Years	Months	Days	If less than one day
			4 hr. 20 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation home

11. Industry or business

FATHER
12. Name John W. Valentine
13. Birthplace Archville, Ohio

MOTHER
14. Maiden Name Margaret Ann Lair
15. Birthplace Balto. Md.

16 (a) Informant John W Valentine
(b) Address 1407 4th Rd Stanaltruy Estate

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave Balto Md

18 (a) Funeral director Albert F. Hilt Sr
(b) Address 1606 Chester Street

FEB 16 1942 (Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942, at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 18 1942, and that I last saw him alive on Feb 13 1942

Immediate cause of death Premature (26 week)

Due to

Due to

Other Conditions Premature separation of Placenta
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rydzewski M. D.
Address St Josephs Hosp Date signed 2-13-42

PLEASE WRITE correct age is especially important. Physicians, please

F 89170 F 89170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. Lafayette Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roscoe Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-4061

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Elizabeth V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1906

8. AGE: Years	Months	Days	If less than one day
36	0	9	hr. min.

9. Birthplace Cumberland Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Diamond Cab Co.

FATHER
12. Name Charles Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Effie Lowery
15. Birthplace Va.

16 (a) Informant Miss E. Bayette
(b) Address 322 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) FEB 16 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1942, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12 1942 to 2/13 1942, and that I last saw him alive on 2/13 1942

Immediate cause of death	Duration
Respiratory Failure	48 hrs
Due to Lobar Pneumonia	
Due to Hypertension & Dis	
Other Conditions Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Longnecker, M.D.
Address St Joseph's Hospital Date signed 2/13/42

Please write plainly. Physician's correct age is especially important.

F 89171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 89171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Chester (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel F. Hardin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1877

8. AGE: Years	Months	Days	If less than one day
65		13	hr. min.

9. Birthplace Chester, S. C. (Town, county, and state)
10. Usual Occupation Supervisor County Road
11. Industry or business

FATHER 12. Name Adam W. Hardin
13. Birthplace S.C.

MOTHER 14. Maiden Name Eliza A. Gurg
15. Birthplace S. C.

16 (a) Informant Mr. Harry M. Robinson
(b) Address 244 N. Hilton St.

17 (a) Disposition (Burial, cremation, or removal) (b) Date thereof Feb. 16/42 (month) (day) (year)
(c) Cemetery or crematory
Location Chester S.C.

18 (a) Funeral director Harry H. Witte
(b) Address 410 E. Edmondson Ave

19 (a) (Date) rec'd by registrar (b) Huntington Williams, M.D. Registrar

VS FEB 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1942, at 10:[illegible] PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-1942, to 2-15 1942, and that I last saw him alive on 2-14 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage left	2 days
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. [illegible] M. D.
Address University Hospital Date signed 2-15-42

PRESS firmly. Use pencil. Be sure correct age is especially important. Physicians, please

S. S. 219-01-8054

F 89172 HEALTH DEPARTMENT—CITY OF BALTIMORE F 89172

CERTIFICATE OF DEATH. 94-B

1-PLACE OF DEATH

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 832 Union Ave ST. 373 WARD)

2-FULL NAME Charles Jacob Noland

(a) RESIDENCE. No. 832 Union ST. Ave WARD. 13

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE W. | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Gross Noland

6 DATE OF BIRTH (month, day, and year) 1868 ~~March~~ 4

7 AGE Years 73 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Duck Co.

(c) Name of employer None-

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Samuel Collin Noland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lydia Ezell Nolen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Betty Noland Littleton

(Address) Married sister - Baltimore

15 Filed , 19

FEB 16 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13- 194

17

I HEREBY CERTIFY, That I attended deceased from Jan — , 1940 to Feb. 13 , 1942

that I last saw him alive on 2-13- , 1942

and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

arteriosclerosis -

angina pectoris .

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical,

(Signed) Chas Noland M. D.

, 19 (Address) 7301 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Parkwood Cemetery | DATE OF BURIAL Feb. 16 19 42

20 UNDERTAKER A. Lee Oden | ADDRESS 4644 York Rd

CAUSE OF DEATH in plain terms, so that it may be properly... TION is very important. See instructions on back of certificates.

F 89173 ¹

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 89173 ¹

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 S. Curley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 S. Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Wiessner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Wiessner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30/1858

8. AGE: Years	Months	Days	If less than one day
84	0	13 14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unkonwn

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. John Minderein (Dough
(b) Address 738 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16/42 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cem.
Location O'Donnel ~t.

18 (a) Funeral director Lilly & Zeilenhe
(b) Address 403 S. Wolfe St.

FEB 16 1942 (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1942, at 1am M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Feb 13 1942, and that I last saw h alive on Feb 12 1942

Immediate cause of death Uraemia — Duration 3 days

Due to Chr. Nephritis, Myocard. ? Arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac F. Deemer
Address 5002 E. Pratt St. Date signed 2/13/42 M. D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY. ... correct age is especially important. Physicians: please write ...

VS 3

F 89174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. F 89174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Gold St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Gold St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN CAMPBELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Owens Mills, Balto. Co (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alex Campbell
13. Birthplace Owens Mills Balto. Co

MOTHER
14. Maiden Name Francis Warfield
15. Birthplace Owens Mills Balto. Co.

16 (a) Informant Florence Logue
(b) Address 702 Gold Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)

(c) Cemetery or crematory Thomas Cemetery
Location Randallstown, Md

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) FEB 16 1942 Huntington Williams, M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942, at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 2-14-42

correct age is objectively important

VS 6

F 89175

F 89175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942 D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Patapsco St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1710 Patapsco St (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Barper

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Male
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Carrie Barper
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) July 24, 1867
8. AGE: Years 74 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Martinsburg W. Va (Town, county, and state)
10. Usual Occupation Retired R.R.
11. Industry or business R.R. Machinist

FATHER
12. Name Don't know
13. Birthplace Winchester W. Va

MOTHER
14. Maiden Name Don't know
15. Birthplace W. Va.

16 (a) Informant Carrie Barper (Wife)
(b) Address 1710 Patapsco St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Dud Glenn
Location Balto City
18 (a) Funeral director A. H. Richard Evans
(b) Address 4008 Liberty Heights Ave
19 FEB 16 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942, to Feb 14 1942, and that I last saw h alive on Feb 14 1942

Immediate cause of death — Duration
Acute Dilatation — 2
Due to Hernia
Due to Angina Pectoris
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Campbell M.D.
Address 644 Hamburg Date signed 2/16/42

PRINT plainly. Physicians: please correct age is especially important.

VS 3

F 89176

F 89176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 E Hanbury St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E Hanbury St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R Batterton

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-10-6416

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widowed

6 (b) Name of husband or wife: George Batterton
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1874

8. AGE: Years	Months	Days	If less than one day
67	4	20	____ hr. ____ min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Factory Hand Peeling
11. Industry or business Vegetables Packing Co

FATHER
12. Name Dont know
13. Birthplace England

MOTHER
14. Maiden Name Mary E Chambers
15. Birthplace Md

16 (a) Informant Mrs Lavia M. Anderson
(b) Address 117 W. Randall (Mrs)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto City

18 (a) Funeral director C. Rowland Evans
(b) Address 1400-02 Pennsylvania Ave

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6/1941 to 2/14/1942, and that I last saw her alive on 2/14/1942.

Immediate cause of death	Duration
Hypertensive cardio vascular renal disease	?
Due to	
Due to	
Other Conditions - - - -	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Diebel M.D.
Address 1226 Hanover St. Date signed 2/15/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

V8 3

F 89177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

F 89177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Mt. Holly St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Jane Dadds

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Richard F. Dadds

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1862

8. AGE: Years 79 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace Kent Island, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Thomas

13. Birthplace Md.

MOTHER 14. Maiden Name ? Jones

15. Birthplace Md.

16 (a) Informant Mr. Richard N. Dadds

(b) Address 2211 Mt. Holly St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 17, 1942 (month) (day) (year)

(c) Cemetery or crematory Kingsley Methodist Cem

Location Chester, Md. Queen Anne Co.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Aves.

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1941 to Feb. 15 1942, and that I last saw her alive on Feb. 14 1942.

Immediate cause of death: Cachexia and inanition

Due to: adeno carcinoma of liver

Due to:

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration: 2 mos. / 1 year.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Leedy Wallace M.D.

Address 2839 Wallbrook Ave Date signed 2-16-42

correct age is especially important

VS 2

F 89178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 89178

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Near Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence A. Townshead.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1868

8. AGE: Years	Months	Days	If less than one day
73	4	25	hr. min.

9. Birthplace Prince Georges Co. Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Francis Townshend
13. Birthplace Prince Geroges Co. Md.

MOTHER
14. Maiden Name Mary Catherine Townshend
15. Birthplace Oakland, Md.

16 (a) Informant Miss Lena Townshend
(b) Address 118 E. Gittings Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Balto. Co, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

19 FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/42 19 ... at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9/41 19 ... to 2/14 19 42 and that I last saw him alive on 2/14 19 42.

Immediate cause of death
Cardio Vascular disease
Due to Chronic myocarditis

Duration
10 yrs.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Thurston M. D.
Address 430 S. York Rd. Date signed 2/14/42

correct age is especially important

VS 3

F 89179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122

Registered No. F 89179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 4305 Clifton Rd (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elvina Marks

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1869 (?)

8. AGE: Years	Months	Days	If less than one day
72 7?	7		hr. min.

9. Birthplace Columbia, S.C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Marion Marks
13. Birthplace Columbia, S.C.

MOTHER
14. Maiden Name Louise Ellis
15. Birthplace Louisville, Kentucky

16 (a) Informant Lydia Werner (Sister)
(b) Address 4305 Clifton Rd. Balto Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 16, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location New Orleans, Louisiana

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa.

19 (a) FEB 16 1942 (Date filed by Registrar) Huntington Willemse M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1942, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 2-15 1942 and that I last saw her alive on 2-14 1942

Immediate cause of death	Duration
Myocardial failure	
Due to Peritonitis	
Due to Rupture of intestinal anastomosis following	
Other Conditions Resection of intestine due to gangrene	

(Include pregnancy within three months of death)

Date of operation 1-31-42 & 2-12-42

Major findings of operation Femoral hernia (left) strangulation of bowel — (2) Peritonitis & rupture of repair.

Name of autopsy surgeon

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Lucy by H
Address Md. Gen. Hosp. Date signed 2/16/42 M.D.

PLEASE WRITE PLAINLY. Physicians: please state correct age is especially important.

VS 3

F 89180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 89180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Phillips
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Phillips
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct 27, 1901.
8. AGE: Years 40 | Months 3 | Days 16 | If less than one day: hr. min
9. Birthplace: St Leonard P.O. Calvert Co Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: George Washington
13. Birthplace: Calvert Co Md.

MOTHER
14. Maiden Name: Lizzie Rawlings
15. Birthplace: Calvert Co Md.

16 (a) Informant
(b) Address: JOHNS HOPKINS HOSPITAL
17 (a) Burial (burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory: Island Crest
Location: Calvert Co Md
18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St
19 (a) Filed: FEB 18 1942 (b) Registrar's signature: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1942, at 9.55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 13 1942 and that I last saw her alive on Feb 13 1942.

	Duration
Immediate cause of death: Subarachnoid hemorrhage	15 mins.
Due to: ? Congenital aneurysm	hrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Frank Hinman Jr. M. D.
Address Date signed

correct age is especially important

V8 3

F 89181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

F 89181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Estelle Etheridge

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife Dr. Wm. H. Etheridge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1869

8. AGE: Years	Months	Days	If less than one day
72	6	1	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Edward Richards
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Read
15. Birthplace Md.

16 (a) Informant Mr. Chas. R. Richards
(b) Address 6240 Bellona Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemy.
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) FEB 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1942 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Feb 15 1942, and that I last saw her alive on Feb 14 1942

Immediate cause of death Coronary Thrombosis

Due to Mitral Stenosis with Pleurisy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas F Blake M. D.
Address 20 E. Preston St. Date signed

Please write correct age is especially important. Physicians: please

VS 3

Dr. C. F. Blake

89182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓

F 89182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Canterbury Rd. & 39th. St.
(b) Street address Ambassador Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius W. Rausch

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charlotte Alhine

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 5/23/1864

8. AGE: Years 77 | Months 8 | Days 22 | If less than one day: hr. min.

9. Birthplace Buffalo, N. Y. (Town, county, and state)

10. Usual Occupation Supt. of Engineer

11. Industry or business Md. Casualty Co.

FATHER
12. Name George Rausch
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace England

16 (a) Informant Mr. Roswell H. Rausch
(b) Address 930 Hillside Ave. Plainfield, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Forestlawn Cemy.
Location Buffalo, N. Y.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

19 (a) FEB 16 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1942, at 5.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to 2/15 1942, and that I last saw h im alive on 2/14 1942

Immediate cause of death: Coronary thrombosis — Duration: 4 hours
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry J. McCarty M. D.
Address 37 W. Preston St. Date signed

PLEASE WRITE CLEARLY — correct age is especially important. Physicians, please

VS 2

Dr. McCarty

F 89183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 E

F 89183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo3da
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Cooksie Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MIKAL JOHANSEN

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lucy Pse
6 (c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): February 15, 1886
8. AGE: Years 55 | Months 11 | Days 28 | If less than one day: hr. min.
9. Birthplace: Stavanger, Norway (Town, county, and state)
10. Usual Occupation: LONGSHOREMAN
11. Industry or business:

FATHER
12. Name: Olsen Johansen
13. Birthplace: Norway

MOTHER
14. Maiden Name: Inga
15. Birthplace: Norway

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Balto., Md.
18 (a) Funeral director: Howard C. Carrington
(b) Address: 21 N. 23rd St.
19 (a) Registered FEB 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 13, 1942, 2:40p M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20, 1941, to Feb. 13, 1942, and that I last saw him alive on Feb. 13, 1942.

Immediate cause of death: Increased Intracranial pressure — Duration: 48 hr.
Due to: Papilloma in choroid plexus, left (malignant) — 21 months
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: 2/1/41
Major findings of operation: Ventriculography; trephining of skull; phlebotomy-craniotomy; trephining of skull
Date of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: J. Allen M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 2/14/42

VS 3

correct age is especially important

F 89184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5404 Moorlo Rd. Hamilton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles W. Baer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-35-6665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lydia L. Baer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11-1896

8. AGE: Years	Months	Days	If less than one day
45	5	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Helper
11. Industry or business Bethlehem Steel

FATHER
12. Name Clemens Baer
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Marquardt
15. Birthplace Germany

16 (a) Informant Lydia Baer
(b) Address 5404 Moorlo Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17-42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Ave.

19 FEB 16 1942 (b) Hunting Park Avenue, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13-1942, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-1942, to 2-13-1942, and that I last saw him alive on 2-13-1942

Duration

Immediate cause of death Pneumonia - 5 lobes
Due to Type I pneumococci
Due to
Other Conditions Pneumococcus septicemia & meningitis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Libba M. D.
Address University Hospital Date signed 2-14-42

PLEASE WRITE PLAINLY. Physicians: please write medical terms. Be sure to correct age is especially important.

VS 1

F 89185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-D F 89185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Edgewood Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Edgewood Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth A. Murphy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James P. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/26/1876

8. AGE: Years: 65 | Months: 9 | Days: 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name William Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Dorothy Dager
(b) Address 420 Edgewood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23 1940 to Feb. 13 1942 and that I last saw her alive on Feb. 13 1942

Immediate cause of death: Cardiac Insufficiency — Duration: —

Due to: Rheumatic myocarditis — Duration: 2 years

Due to: Rheumatic endocarditis — Duration: —

Other Conditions: Chronic nephritis — Duration: —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged platitionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lingo A Kumpp M. D.
Address 3030 Edmondson Ave Date signed 2/14/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 89186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1451 Richardson Street,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1451 Richardson Street,
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME
Larentx or Larenty Bondar

3 (b) If veteran, name war

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife E. Bondar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known 1676

8. AGE: Years	Months	Days	If less than one day
About 64			hr. min.

9. Birthplace Russian
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ? Bondar
13. Birthplace Russian

MOTHER
14. Maiden Name Not Known
15. Birthplace Russian

16 (a) Informant Mrs. Anna Boldowsky,
(b) Address 1429 Richardson Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundle County

18 (a) Funeral director John A. Grabliauskas Jr
(b) Address 923 S. Paca St.

19 (a) FEB 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to Feb. 14 1942 and that I last saw h[illegible] alive on Feb. 13 1942.

Immediate cause of death: arteriosclerotic myocarditis — Duration: ?
Due to: Generalized arteriosclerosis — Duration: ?
Due to:
Other Conditions: Chronic Bronchitis — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris Bikerman M. D.
Address 514 S. Fulton Ave. Date signed 2-16-42

Correct after reporting

VS 3

89187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89187

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (or outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 1277 St. Jones St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1890

8. AGE: Years	Months	Days	If less than one day
51 52	6	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Mary S. Gibbs
15. Birthplace Baltimore

16 (a) Informant Mercy Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Peter L. Gorman
(b) Address 804 N. Caroline St.

19 FEB 16 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 14 1942, and that I last saw h alive on Feb 14, 1942

Immediate cause of death
Pulmonary edema
Due to Congestive heart failure
Due to Hypertensive Cardiovascular disease

Duration 4-5 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nacy N Spencer Jr M.D.
Address Mercy Hospital Date signed 2/14/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 89188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 89188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Thompson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: C. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/1862

8. AGE: Years 79 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Harris

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Julianna ?

15. Birthplace Md.

16 (a) Informant Magdalene Trusty (D)

(b) Address 1086 N. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)

(c) Cemetery or crematory St Peters Cem

Location Balto. Md

18 (a) Funeral director Charles H Harper

(b) Address 514 N. Calhoun St.

19 (a) FEB 16 1942 (Registrar's signature) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 13 1942 and that I last saw her alive on Feb 13 1942

Immediate cause of death: 3° Burns-85% Body — Duration

Due to: —

Due to: —

Other Conditions: none (Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: Feb 13 1942
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
Specify exactly what she was doing when injured: Clothes caught fire from coal stove
(e) Means of injury: Burning Nature of injury: Burns

23. Signature: James E. Woodson, M.D.
Address: Franklin Sq. Hosp. Date signed: 2/13/42

VS 8

Dr. J. W. Ellenyeber, M.D. Critchfield & Cammack

F 89189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1116 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELIZABETH SWANN DIGGS.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1895

8. AGE: Years	Months	Days	If less than one day
46	11	13	hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Eliz Diggs
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Ford
15. Birthplace Md.

16 (a) Informant Geo. Swann
(b) Address 1116 E. Lex. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Joseph B. Lobb
(b) Address 1304 N. Central Ave

19 (a) FEB 16 1942 (Date rec'd by registrar) Hunterton Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 1 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Tuberculous pulmonary.

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 2-16-42

correct age is especially important

VS 6

F 89190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-D

F 89190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 MONTHS
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. CALVERT HALL COLLEGE, CATHEDRAL & MULBERRY STS
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BRO EMES ALBAN (ALBAN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/10/81

8. AGE: Years	Months	Days	If less than one day
60 67	5	3	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation TEACHER
11. Industry or business

FATHER
12. Name GEORGE EMOS
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH WEHNER
15. Birthplace GERMANY

16 (a) Informant BRO. JAMES (CALVERT HALL)
(b) Address CATHEDRAL & MULBERRY STS.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory CHRISTIAN BROTHER'S
Location HYMENDALE, MD.

18 (a) Funeral director Clinton Kimball
(b) Address 561 E. 22nd St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 16 1942

PLEASE WRITE CLEARLY. Physicians: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1942, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 1941 to 2/13 1942, and that I last saw h(im) alive on 2/13 1942.

Immediate cause of death: BRONCHO PNEUMONIA — GENERAL DEBILITY — Duration

Due to

Due to CARCINOMA OF THROAT

Other Conditions MALIGNANT THESIS

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Laurence Gillespie, M.D.
Address Mercy Hospital Date signed 2/13/42

F 89191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2824 Elliott St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Elliott St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Ebert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12-1877

8. AGE: Years 64 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Seibert Ebert
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Taylor
(b) Address 2824 Elliott

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto Md

18 (a) Funeral director Jos. Schilling & Son
(b) Address 3614 Harrison Street

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942 at 12 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to [redacted] death on the day stated above.

Immediate cause of death [redacted] Cerebral Thrombosis — Duration

Due to Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J Holbrook M.D. Medical Examiner.
Date signed 2/13/42

correct age is especially important

VS 6

89192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89192

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EUGENE CITRO

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucy Citro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1878

8. AGE: Years	Months	Days	If less than one day
63	4	10	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit & Grocery Business
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Nicholas Citro
(b) Address 704 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

FEB 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1941, to 2/14 1942
and that I last saw him alive on 2/12 1942

Immediate cause of death: Cerebral Hemorrhage, — Duration

Due to: Arteriosclerosis

Due to: Broncho pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 3110 Clifton Date signed 2/15/42

correct age is especially important for comparative purposes

89193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 1600 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGIA V. HARRISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Charles Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/1870

8. AGE: Years	Months	Days	If less than one day
71	8	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name George Ritter
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Emma Hafer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Nellie B. Rouse
(b) Address 1600 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North Ave. & Ave.

19 (Filed) FEB 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 11a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 2-14-42

VS 6

correct age is especially important for veterans

F 89194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

F 89194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH F SCHARNAGLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-5351

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1883

8. AGE: Years: 58 | Months: 2 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business

FATHER
12. Name: Lawrence Scharnagle
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Hesse
15. Birthplace: Germany

16 (a) Informant: Mrs Hattie E Scharnagle
(b) Address: 109 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore Md

18 (a) Funeral director: George A Fahey
(b) Address: Fulton Ave Fayette

19 FEB 16 1942 (Must be filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14, 1942 at 7½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of left chest — Duration

Due to

Due to

Other Conditions: Ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-8-42 at — M
(c) Where did injury occur? Bay and Wright St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury: pedestrian struck by auto

23. Signature: F. J. Wollenweber M.D. Asst Medical Examiner.

Date signed 2-14-42

correct age is especially important

VS 6

89195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 E

F 89195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. Street & Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
Street No. 324 E. Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy O'Neill (Birth. F-4268)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-42

8. AGE: Years	Months	Days	If less than one day
			4 hr. 21 min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mr. James E. O'Neill
13. Birthplace —

MOTHER
14. Maiden Name Mrs J.E. O'Neill (Elizabeth)
15. Birthplace —

16 (a) Informant Parents
(b) Address 324 E. Penn. Ave, Towson, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore.

19 FEB 16 1942 (Date rec'd by registrar) (Signature for Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death
Congenital Heart and Anemia with Jaundice

Due to

Due to

Other Conditions
Erythroblastosis Foetalis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of ~~autopsy~~ Congenital heart & Anemia & Jaundice

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dwight P. Brinkhaus III M. D.
Address Union Memorial Hospital Date signed 2-16-42

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the cause of death correctly as it is especially important.

VS 3

7048

F 89196

BALTIMORE CITY HEALTH DEPARTMENT

JN 51248

CERTIFICATE OF DEATH

93-D

F 89196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~ 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Front St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Hohman

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Julia
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 7-4-1861

8. AGE: Years	Months	Days	If less than one day
80	7	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Tailor- unemployed
11. Industry or business

FATHER
12. Name Casper Hohman (d)
13. Birthplace Germany ?

MOTHER
14. Maiden Name Uoimia Wolfe (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John J. Fahey Sons
(b) Address 1628 Eight St.

19 (a) FEB 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1942 at 3 1/4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1942 to 2-6 1942
and that I last saw h[illegible] alive on 2-6 1942

Immediate cause of death — Duration
Coronary occlusion — ?
Due to Arteriosclerotic H. disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 2-16-42

PLEASE PRINT plainly with pen and ink. Physicians: please state correct age is especially important.

VS 3

89197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D

F 89197

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3529 Denison Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3529 Denison Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Mary Haley Kline

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband/wife Wm. M. Kline

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 4, 1874

8. AGE: Years	Months	Days	If less than one day
67	10	11	9 hr. 45 min.

9. Birthplace Fort Monroe, Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael J. Healy
13. Birthplace Ireland

MOTHER
14. Maiden Name Husband doesn't know.
15. Birthplace Ireland

16 (a) Informant Wm. M. Kline
(b) Address 3529 Denison Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (Month) (Day) (Year)
(c) Cemetery or crematory New National
Location

18 (a) Funeral director Chas. J. Graul & Son, Inc.
(b) Address 118 N. Mt. Royal Ave.

19 (a) FEB 16 1942 (Date received by Registrar) (b) Huntington, Williams Mfg.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1935, to Feb. 16 1942, and that I last saw her alive on Feb. 16 1942.

Immediate cause of death: Cardiac Failure — Duration: 1 day

Due to Chronic Myocarditis — 6 yrs

Due to Thyrotoxicosis — 6 yrs

Other Conditions: Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. E. Cole M. D.

Address 6014 York Road Date signed 2-16-1942

correct age is especially important

VS 3

F 89198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Aisquith St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sr. M. Patricia Henahan

If U. S. Veteran specify WAR .....

(a) Residence: No. 921 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Henahon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Geraghty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister of Notre Dame

(Address) 921 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feby 14th, 1942

19. UNDERTAKER Geo. M. Smith & Son

(Address) 811 N. Wolfe St.

20. FILED FEB 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from December, 1941, to February 13, 1942

I last saw h.... alive on February 13, 1942. Death is said to have occurred on the date stated above, at 12.20 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Carcinoma of the Lung	8 Mos.
Mediastinal Lymphosarcoma.	1 Yr.
Other contributory causes of importance	
Primary adeno-carcinoma of Left breast	4 Yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William A. Groshe M. D.

(Address) 10 E. Biddle St.

V. S. 3

INSTRUCTIONS: Fill in all items. Be sure to state CAUSE OF DEATH in plain terms. Do not use abbreviations. Do not state mode of dying, such as heart failure, asthenia, etc., without stating cause. State OCCUPATION in very important. See instructions on back of certificate.

89199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 or F 89199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 6541 Baltimore Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JACK BINGHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3rd 1941

8. AGE: Years	Months	Days	If less than one day
	2	11	hr. min.

9. Birthplace Epworth, Ga. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Chas. H. Bingham
13. Birthplace Salem, Mississippi

MOTHER
14. Maiden Name Electra Livingston
15. Birthplace Rundale, Ind.

16 (a) Informant Mrs. Chas. Bingham
(b) Address 6548 Parnell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Bonnell Sta. Rd.

18 (a) Funeral director John B. Connelly
(b) Address 418 Eastern Ave.

19 FEB 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 11 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Asphyxiation due to smothering with bedclothes — Duration

Due to

Due to

Other Conditions Nil

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-14-42 at a.m.
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Blanket around head

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 2-14-42

Please correct age is especially important. Physicians, please

VS 6

89200 DACRe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-2 F 89200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 Granby St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Daer (Birth F 34593)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male. 5. Color or race: White. 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Infant.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31. 1941.

8. AGE: Years | Months: 5. | Days: 14. | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Infant.

11. Industry or business

FATHER 12. Name: Anthony Hagis

13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden Name: Angelina Rapagis

15. Birthplace: Baltimore, Md.

16 (a) Informant: Anthony Hagis

(b) Address: 1035 Granby St

17 (a) (Burial, cremation, or removal) (b) Date thereof: Feb. 17. 1942 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Belair Road

18 (a) Funeral director: Randall Chapel

(b) Address: 312 S. Highland Ave

19 FEB 16 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1942, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1942 to 2/14 1942 and that I last saw alive on 2/14 1942.

Immediate cause of death: Cardio Respiratory Failure — Duration

Due to: Purulent Bronchitis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. H. Rugakoff

Address: Sinai Hospital Date signed: 2/14/42

correct age is especially important

VS 2

F 89201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87-e

F 89201

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4615 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Grindon Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Rubin Samuel Gotthelf

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Mary

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business Merchant

FATHER
12. Name David Gotthelf
13. Birthplace Russia

MOTHER
14. Maiden Name Freda ?
15. Birthplace Russia

16 (a) Informant Meyer Gotthelf
(b) Address 2318 Whittier Ave

17 (a) Burial (b) Date thereof Feb, 17, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1126 W North Ave

FEB 17 1942
(Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16, 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Feb 16 1942.
and that I last saw alive on Feb 15 1942.

Immediate cause of death Parkinson Disease — Duration 7 yrs

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Milton L. Solomon, M.D.

Address 129 S. Broadway Date signed Feb 16, 1942

Please write plainly. Information is especially important. Supervising physician should correct age if necessary.

F 89202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 89202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 Springhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Springhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Solins Or Solinsky

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Abraham Solinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Nidronsky
15. Birthplace Russia

16 (a) Informant Hannah Solins
(b) Address 2707 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) FEB 17 1942 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

PLEASE WRITE PLAINLY. Items 1 to 19 must be filled in. Physicians: please report correct age is especially important.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1942 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Feb 16 1942
and that I last saw him alive on Feb 16 1942

Immediate cause of death
Cardiac Insufficiency
Chronic Myocarditis
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration
8 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper M. D.
Address 407 Park Ave. Date signed 2/16/42.

F 89203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

Registered No. F 89203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 McKim ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Goldsmith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed or divorced: married
6 (b) Name of husband or wife: Celia
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb 12 1883
8. AGE: Years: 59 | Months: 0 | Days: 4 | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Tailoring
11. Industry or business: Business Tailoring Shop

FATHER
12. Name: Moses Goldsmith
13. Birthplace: Russia

MOTHER
14. Maiden Name: U.K.
15. Birthplace: Russia

16 (a) Informant: Mrs Louis Moss
(b) Address: 2911 Springhill ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 17 42 (month) (day) (year)
(c) Cemetery or crematory: Veterans Rosedale Cem
Location: Philadelphia Rd & Hamilton Ave
18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-26 W. North ave
19 (a) Date of burial: FEB 17 1942 (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1942 at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1942 to 2/16 1942 and that I last saw h alive on 2-16 1942.

Immediate cause of death: Hypostatic pneumonia — Duration: 1 day
Due to: Cerebral hemorrhage — 2 wks
Due to: Hypertension and arteriosclerosis — ?
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Howard B Colen M. D.
Address: Sinai Hosp. Date signed 2/16/42

VS 2

Please see that correct age is especially important. Typewriter preferred.

Demetrakis

83204 HEALTH DEPARTMENT—CITY OF BALTIMORE 83204

CERTIFICATE OF DEATH 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West. Balto Gen. Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Demeter (Demetrakis) If U. S. Veteran specify WAR

(a) Residence: No. 417 N Franklintown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Alex Demeter

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Maddalin Mitse

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Cegnev

(Address) 4013 Roosevelt Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 18 1942

19. UNDERTAKER Flanagan Reese

(Address) Westminster, Md.

20. FILED FEB 17 1942 Registrar. Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1942 to Feb 15 1942

I last saw h... alive on Feb 15 1942 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 2, 1942
Bronchopneumonia	

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harold A. Gott M. D.

(Address) W 39th.

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 89205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-N

F 89205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2927 Keswick Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Fairman

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Lillian Fairman
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 14th 1859
8. AGE: Years 82 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.
9. Birthplace Albany N.Y. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Machinist

FATHER
12. Name (Unknown) Fairman
13. Birthplace N.Y.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Edna D. Miller
(b) Address 3814 Belle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.
18 (a) Funeral director Wilson Cook
(b) Address 127 St. Paul St
19 (a) (Filed) FEB 17 1942 (Registrar) Huntington Williams M.D.

FEB 17
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 3:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 15 1942 and that I last saw h~~im~~er alive on Feb 14 1942.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. N. Cutterman M.D.
Address 2324 Ravenstone Ct. Date signed 2/16/42

Please answer all questions. Physicians: please note that correct age is especially important.

F 89206 X F 89206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Enton Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Solomons Creek (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Caron Grahame

3 (b) If veteran, name war NA
3 (c) Social Security Account No. NKF

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Malcolm Grahame
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1862

8. AGE: Years 79 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Sunderland Calvert Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dr John F Dalond
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Margaret Kent
15. Birthplace Calvert Co Md

16 (a) Informant Malcolm Grahame
(b) Address Solomons Creek Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Calvert Co Md

18 (a) Funeral director Williams Corp
(b) Address 1217 E Fayette St

FEB 17 1942 (Date filed by Registrar) (b) [illegible] for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941 to Feb 14 1942, and that I last saw h alive on Feb 14 1942.

Immediate cause of death	Duration
Myocarditis	6
Due to	
Due to	
Other Conditions senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. N. Cutterman, M. D.
Address 2324 Reisterstown Rd Date signed 2/16/42

Effect age is especially important. Physicians, please

VS 3

89207 FIRTH F 89207

HEALTH DEPARTMENT—CITY OF BALTIMORE

89207

CERTIFICATE OF DEATH ✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2682 Wilkens Ave St. 7005 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Susie Firth (Susannah)

(a) Residence: No. 2682 Wilkens Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Firth

6. DATE OF BIRTH (month, day, year) Aug 6th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Yorkshire England

FATHER

13. NAME John Craven

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

MOTHER

15. MAIDEN NAME Martha Craven

16. BIRTHPLACE (city or town) (State or country) Yorkshire England

17. INFORMANT Walter Firth

(Address) 2682 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Feb 18th 1942

19. UNDERTAKER William Cook

(Address) 125 N. Paca St

20. Feb 17 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1942 to Febr 15, 1942

I last saw her alive on February 15, 1942 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1939
Cachexia	1942
Pulmonary Edema	2-14-42
Ascites - Pleural Effusion	Jan 1942

Other contributory causes of importance: Senile

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank Cass M. D.

(Address) 4001 Wilkens Ave

State CAUSE OF DEATH in plain language. See instructions on back of certificate. OCCUPATION is very important.

F 89208

JN 71501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 89208 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1230 N. Charles St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Charles Haeffner

3 (b) If veteran, name war No ?

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Loretta Mary

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1890

8. AGE: Years 51 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Electric Welder

11. Industry or business Camp Holabird

FATHER — 12. Name John A.

FATHER — 13. Birthplace Maryland

MOTHER — 14. Maiden Name Catherine Snyder

MOTHER — 15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md.

18 (a) Funeral director Wm Leakey Cook

(b) Address 120 W. Fayette St.

19 (a) FEB 17 1942 Huntington Williams, M.D. Registrar

(b) Date received FEB 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1942 to 2-15 1942, and that I last saw him alive on 2-14 1942

Immediate cause of death	Duration
Bronchogenic Carcinoma & Mediastinal Glands	8 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. L. Rigdon M. D.

Address BCH Date signed 2-17-42

PLEASE WRITE PLAINLY. With ... correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 89209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-E

F 89209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 E Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 203 E Mt Royal Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Ignatius Malone

3 (b) If veteran, name war No
3 (c) Social Security Account No. 705-05-2947

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1884

8. AGE: Years 57 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Freight Claim Clerk
11. Industry or business B & O RR

FATHER
12. Name Patrick H Malone
13. Birthplace Long Green Md

MOTHER
14. Maiden Name Margaret Boden
15. Birthplace Oxford

16 (a) Informant Margaret Malone
(b) Address 203 E Mt Royal Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's Emmo
Location Baltimore Md
18 (a) Funeral director Mullikin Co
(b) Address 1617 Linden Ave
19 (Date received by registrar) FEB 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941, to Feb 14th 1942, and that I last saw him alive on Feb 14th 1942.

Immediate cause of death: Hypostatic Pneumonia / Pulmonary Edema — Duration 6 months 2 days
Due to: Cirrhosis — 6 years
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. A. Blakeland M. D.
Address 306 N. Calvert St Date signed Feb 15 1942

PENALTY: Any person who knowingly makes any false statement in this certificate or who knowingly supplies false information for the certificate, which is to be used in determining the cause of death, or who willfully conceals any material information concerning the cause of death, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $500 or by imprisonment for not more than one year, or both. Physician: please write correct age is especially important.

VS 3

F 89210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 89210

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine C Simonson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Otto L. Simonson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1861

8. AGE: Years 80 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Cincinnati Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anderson Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs John McDaniel
(b) Address 36 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Fulton & Ford
(b) Address 1247 W Fort Ave

19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Registrar Washington Hollingsworth M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31/41 19 to 2/14/42 19, and that I last saw h alive on 2/14/42 19.

Immediate cause of death: Cardio-vascular-renal disease — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edwin B Jarrell
Address 1115 St. Paul St. Date signed 2/16/42.

PLEASE WRITE correct age in especially important. Physician: please write

VS 3

F 89211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-K

F 89211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E. University Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. University Pkwy
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry O. Diering

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-09-0220

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Helen C. Diering

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31st 1880

8. AGE: Years	Months	Days	If less than one day
62	0	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business Standard Oil Co

FATHER
12. Name Henry Diering
13. Birthplace Md.

MOTHER
14. Maiden Name Lizzie Bouchey
15. Birthplace Md

16 (a) Informant Helen C. Diering
(b) Address 300 E. University Pkwy

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/19/42 (month) (day) (year)

(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director Wilson Cook
(b) Address 127 St. Paul St

19 (a) Huntington Williams, M.D.
(Date received by Registrar) FEB 17 1942
(Address) 48 T

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15th 1942, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1941, to Feb 15 1942, and that I last saw him alive on Feb 1 1942.

Immediate cause of death	Duration
Coronary Thrombosis	Instant
Due to Arteriosclerosis	4 years
Due to Moderate Hemiplegia Aug 24th 1941	—
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira E. Whitehill M. D.
Address 230 E. Mount Cly Date signed 2/16/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

F 89212

SS 70898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 89212

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ months

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3537 Edmondson Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Salvatore Barranco

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rosalie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1881

8. AGE: Years	Months	Days	If less than one day
60	2	23	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name John

13. Birthplace Italy

MOTHER

14. Maiden Name Josephine ?

15. Birthplace Italy

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Old Frederick Road

18 (a) Funeral director Joseph Favaro Inc.

(b) Address 2043 W. Fremont Ave

FEB 17 1942 (Date rec'd by registrar) (Huntington Hill)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942, to 2-15 1942, and that I last saw h[illegible] alive on 2-15 1942.

Immediate cause of death: (a) Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard C. Rathbun M. D.

Address Balt. City Hosp. Date signed 2-16-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 8

F 89213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89213

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Marie Addison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Lott Charles E. Addison 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1876

8. AGE Years	Months	Days	If less than one day
65	9	29	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name Joseph Schiffer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Shaw
15. Birthplace Balto. Md

16 (a) Informant Mrs. Beatrice Potts
(b) Address 3321 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick

18 (a) Funeral director Harry A. Cutshaw
(b) Address 4104 Edmondson Ave

19 (a) FEB 17 1942 (Date received by registrar) (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb 14 1942 and that I last saw h[illegible] alive on Feb 13 1942.

Immediate cause of death: Cerebral tumor Lapse — Duration: 5 days

Due to Arteriosclerosis & Hypertension — Duration: years

Due to — Duration: —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public Place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature W. Barnard Lord M. D.
Address 2200 Garrison Blvd Date signed Feb 16/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 89214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or town. Do not use ditto marks. Be sure to answer every question. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly. Be sure to fill in items 19 and 20. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Abell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Abell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Constantine
3 (b) If veteran, name war: –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Geo. Constantine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1877

8. AGE: Years	Months	Days	If less than one day
65	0	16	hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name John J. McKee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McKeever
15. Birthplace Ohio

16 (a) Informant Mrs Ernest Scholtz
(b) Address 3107 Abell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 42 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Parkville

18 (a) Funeral director Albert W. Dangel
(b) Address 440 E. North Ave

19 FEB 17 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to 2-14 1942, and that I last saw h[illegible] alive on 2-11 1942.

Immediate cause of death	Duration
(a) CHR. ARTERIOSCLEROTIC HEART DISEASE	1940 ?
Due to (b) ANGINA PECTORIS	1941
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Dorsey M.D.
Address 1129 St. Paul St Date signed

VS 3

F 89215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 89215 Registered No.

PLEASE WRITE CLEARLY. Use ink. Do not use pencil. Be sure to fill in all items. Underline the correct age if especially important. Physicians: please write the cause of death plainly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 935 Eutaw St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 935 N. Eutaw St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Leah J. Mobley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7th, 1877.

8. AGE: Years	Months	Days	If less than one day
65 64	0	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Private

FATHER 12. Name Joseph Dyshinbo

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Bridy, Cousin

(b) Address 2704 Sunbeam Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 573 N. Bigelow Street

Filed FEB 17 1942 Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/42 19 At. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 41 to 2/14/42 and that I last saw alive on 2/10/42

Immediate cause of death

Duration

Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions Diabetes Mellitus

Hyp. blood pressure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

Autopsy?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. C. Ellis M. D.

Address 527 Mulberry Date signed 2/16/42

F 89216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Hillman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clyde L. Shives

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 12, 1940
8. AGE: Years 1 | Months 8 | Days 2 | If less than one day hr. min.
9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name Charles R. Shives
13. Birthplace Pa.

MOTHER 14. Maiden Name Catherine Hornbake
15. Birthplace Pa.

16 (a) Informant Chas R. Shives
(b) Address 1035 Hillman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17th 1942 (month) (day) (year)
(c) Cemetery or crematory Morelands Park Cem
Location Taylor Ave

18 (a) Funeral director Leo G. Leak
(b) Address 2701 N. Patterson Park Ave

19 (a) FEB 17 1942 (Signature of Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942, at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm F Kelsch M.D. (Medical Examiner)
Date signed 2/16/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that correct age is especially important.

VS 6

F 89217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 89217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2871 W. Garrison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2871 W. Garrison ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Berman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60	—	—	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Grocier Store

FATHER 12. Name Raphael Berman
13. Birthplace Russia

MOTHER 14. Maiden Name Jas Unknown
15. Birthplace Russia

16 (a) Informant Joseph Berman
(b) Address 2871 W. Garrison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Arbour Cemitry Washington Rd
Location Washington Rd.

18 (a) Funeral director Sol Levinson & Bro
(b) Address 124-26 W. North ave

(a) (Signature of registrar) (b) Huntington Williamsport, Md

FEB 17 19[illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to Feb 16 1942 and that I last saw h[illegible] alive on Feb 16 1942

Immediate cause of death Coronary Thrombosis, with Cardiac Failure

Due to arteriosclerosis

Due to enlarged heart

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Schapiro

Address 2028 Eastern Pl. Date signed 2/14/42 M. D.

PLEASE WRITE PLAINLY. Fill in all blanks by typewriter or in ink. Physicians: please write the cause of death in such terms as will indicate clearly the nature of the disease, and the correct age is especially important.

F 89218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

F 89218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Brooks Lane, Esplanade Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. 3 D. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOIRE S. FRANK.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Edward L. Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1871.

8. AGE: Years	Months	Days	If less than one day
70	4	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Moritz Shakman,
13. Birthplace Bohemia.

MOTHER
14. Maiden Name Mary Heller,
15. Birthplace Virginia.

16 (a) Informant Mrs. D. Breitstein,
(b) Address 8444 Eutaw Place,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levin Co. Inc.
(b) Address 1902 Eutaw Place,

19 (Date received by Registrar) FEB 17 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16th. 1942, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/1925 to 2/15/1942, and that I last saw h alive on 19

Immediate cause of death Sarcoma of Skull — Duration about 3 Mos

Due to

Due to Extension to brain

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/13/42

Major findings of operation Sarcoma

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore N. Morrison M. D.
Address 11 E. Chase St. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

VS 8

F 89219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 89219
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Callow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Callow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN P. VAN COLLOM

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David Van Collom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1859

8. AGE: Years 82 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Moses Pollock.
13. Birthplace Germany.

MOTHER
14. Maiden Name Amelia Schloss.
15. Birthplace Germany.

16 (a) Informant Mrs. Sadie Rascover,
(b) Address 2301 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Morris Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) FEB 17 1942 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16th. 1942 at AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to Feb 16 1942 and that I last saw her alive on Feb 15 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 days
Due to: Arteriosclerosis — Duration Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Littman M. D.
Address 1720 Eutaw Place Date signed

F 89220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80-D

F 89220

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1624 Argyle Ave.
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LEONARD SMITH

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 213-12-3037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12. 1898

8. AGE: Years	Months	Days	If less than one day
44	0	4	hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual Occupation MANAGER* POOLROOM

11. Industry or business

FATHER 12. Name Frank Smith

13. Birthplace Maryland

MOTHER 14. Maiden Name Lillian Briscoe

15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)

(c) Cemetery or crematory National

Location

18 (a) Funeral director Geo. H. Kelson

(b) Address 363 Preston

19 (a) FEB 17 1942 Huntington Maryland (Date filed by Registrar) Registrar

VS 8

PLEASE WRITE PLAINLY, WITH INK. Items must be answered; please write the causes of death clearly and legibly; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1942, at 4:15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14, 1942, to Feb. 16, 1942, and that I last saw him alive on Feb. 16, 1942.

Immediate cause of death: Hemorrhagic encephalitis, type undetermined — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 2/16/42

F 89221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 89221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Jefferson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Beatrice Branch mays

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James Leroy mays | 6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 7/13/1903

8. AGE: Years 38 | Months 6 | Days 29 | If less than one day: hrs. ..... min.

9. Birthplace Jacksonville Fla. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business .....

FATHER 12. Name Robert Branch
13. Birthplace Fla.

MOTHER 14. Maiden Name Carrie Collins
15. Birthplace Fla.

16 (a) Informant Evelyn B. Moore
(b) Address 1926 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Geo. B. Kilian
(b) Address 1303 Presstman

19 FEB 17 1942 (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1942, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 12 1942 and that I last saw h alive on Feb 11 1942

Immediate cause of death .....
Pulmonary Phthisis — Duration: 24 hrs
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Edward Fisher, M.D.
Address 2 E Monument Date signed 2/19/42

PLEASE WRITE PLAINLY, with ink. Give full name; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-a F 89222 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1353 N. Streeter St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1353 N. Streeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD BROWN. (Birth F-28423)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) May 17, 1941

8. AGE: Years	Months	Days	If less than one day
	8	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name John Sterrett
13. Birthplace

MOTHER
14. Maiden Name Eva Brown
15. Birthplace

16 (a) Informant Eva Brown
(b) Address 1353 N. Streeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 612 Preston

19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Huntington Ave. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942 at 12 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation — Duration
Due to Bed clothes
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-15-42 at 12 15 M
(c) Where did injury occur? 1353 N. Streeter St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury smothered in blankets

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 2-16-42

PLEASE WRITE PLAINLY with indelible pencil or pen and avoid abbreviations. Give exact place of death and correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157

Registered No. F 89223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 N. Howard (If rural, give location)
(e) Citizen of foreign country? #16H (Yes or No)
If yes, name country

3 (a) FULL NAME James Ball (Birth F-40792)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-41

8. AGE: Years | Months: 2 | Days: 3 | If less than one day: hr. min.

9. Birthplace Md — (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Viola —
13. Birthplace

MOTHER 14. Maiden Name Stephen Ball
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Am
Location a Lot

18 (a) Funeral director Ruhl Funeral
(b) Address 15 15th McCready St

19 (a) Huntington Will (Registrar)

FEB 17 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942 at 11 M 8 Da

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death: Dehydration + Cong. Heart Disease — Duration
Due to Also Malnutrition
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cong. Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Hosp. Date signed 2/17/42

PLEASE WRITE PLAINLY. Physicians: please write the exact cause of death correct age is especially important.

F 89224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Township Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Grindel

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9950

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Dora Grindle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1869

8. AGE: Years	Months	Days	If less than one day
72	2	14	hr. min.

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation Mill Worker
11. Industry or business Beth Steel

FATHER
12. Name James Grindle
13. Birthplace Indiana

MOTHER
14. Maiden Name Margaret Fields
15. Birthplace Md.

16 (a) Informant Dora Grindle
(b) Address 10 Township Dundalk Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 17 42 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem.
Location Morgantown West Va

18 (a) Funeral director John Uhl
(b) Address 2008 Oakland Ave

19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 19 42, at 9:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 19 42 to 2/15 19 42, and that I last saw h alive on 2/15 19 42.

Immediate cause of death: Coronary Thrombosis
Due to: Arteriosclerotic Cardio-Vascular Renal
Due to:
Other Conditions: Hemiplegia Rt.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Lilly M. D.
Address 1 E Balto St. Baltimore Date signed 2/16/42

PLEASE WRITE ... correct age is especially important. Physicians: please write the cause ...

VS 3

F 89225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 89225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 49 E. Randall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 49 E. Randall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Brannan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1857

8. AGE: Years 84 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Retired Ice Dealer
11. Industry or business

FATHER 12. Name James Brannan
13. Birthplace Ireland

MOTHER 14. Maiden Name Anna Garron
15. Birthplace Ireland

16 (a) Informant Mrs. Charles A. Lang
(b) Address Revere Beach.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto, Md.

18 (a) Funeral director M. Quince J. Flynn
(b) Address 1422 Light St

19 (a) Date received FEB 17 1942 (b) Registered by Huntington Williams, Registrar

VS 3

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly and fully, correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16/42, 19, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 42 to 19 ; and that I last saw h alive on Feb 16 1942

Immediate cause of death: Coronary occlusion — Duration: 1 day
Due to: Arteriosclerosis
Due to:
Other Conditions: Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peppe Nolle M.D.
Address 122 E. Chase St Date signed 2/16/42

F 89226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89226 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1449 Woodall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET SACHS (Sachs)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1869

8. AGE: Years 72 | Months 10 10 | Days 2 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Matthew Grenak
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Europe

16 (a) Informant Mrs. Charles Ryan
(b) Address 1449 Woodall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Y.G.

18 (a) Funeral director Maurice J. Flynn
(b) Address 112 S Light St.

19 (a) FEB 17 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 16 - 1942 at 4 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Shock traumatic	
Due to: Fracture of both tibia and fibula	
Due to:	
Other Conditions: Arteriosclerosis Left hip joint (Include pregnancy within 3 months of death)	
Date of operation: no	
Major findings of operation:	
of autopsy: no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2 - 15 - 42 at 6 50 M
(c) Where did injury occur? Dent Ave & Woodall St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Williamsaker M.D.
Medical Examiner.
Date signed 2-16-42

PLEASE WRITE PLAINLY, with ink. Fill in all blanks. Be sure and answer every question. Do not report "unknown" if the information can be obtained, and do not omit any item on account of any theory you may have as to the cause of death or the legality of burial. The value of a certificate depends upon its correctness and completeness. Untrue statements may be punishable as perjury. Please report full name of husband or wife, even if deceased, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 E West
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 E. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Brae O'Hara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Camilla

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 25 1885

8. AGE: Years 56 | Months 6 | Days 20 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Manufacturer

11. Industry or business Balto City

FATHER
12. Name Jas. E. O'Hara
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Sarah J. Corcoran
15. Birthplace Balto, Md

16 (a) Informant Mrs. T. B. O'Hara
(b) Address 8 E. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto, Md

18 (a) Funeral director Maguire & Flynn
(b) Address 1422 Light St

19 (a) FEB 17 1942 Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16/1942 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 16 1942 and that I last saw him alive on Feb 16 1942

Immediate cause of death

Congestive pneumonia — Duration 2 days

Due to Chronic bronchitis — 2 yrs

Due to Bronchial asthma — 2 yrs

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Muller M. D.
Address 625 N Charles St Date signed 2/16/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 89228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline - Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Eutaw St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Elizabeth Byron (Birth F 41871)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-42

8. AGE: Years 6 weeks | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Henry R. Byron
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine L. O'Neill
15. Birthplace Balto

16 (a) Informant Mrs Byron.
(b) Address 1107 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Otto Wiedefeld
(b) Address 9 [illegible]

19 (Date received by registrar) FEB 17 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942, to Feb 17 1942, and that I last saw her alive on Feb 4 a.m. 1942.

Immediate cause of death

Respiratory failure — Duration

Due to

Double pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. de Villamil M. D.

Address St. Joseph's Hosp. Date signed 2-17-42

VS 2

F 89229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 89229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Marie Connolly (Birth F. 38763)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1941

8. AGE: Years	Months	Days	If less than one day
	3.	10.	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Connelly
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Bailey
15. Birthplace Balto Md

16 (a) Informant Anna Bailey
(b) Address 1841 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 17 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Martin J. Conroy
(b) Address 1102 Forrest St.

19 (c) FEB 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1942, at 10 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1942 to Feb. 15 1942 and that I last saw h alive on Feb. 15 1942.

Immediate cause of death Lobar pneumonia — Duration 1 wk.
Due to
Due to
Other Conditions Congenital Heart Disease Viral Influenza Pneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Eight Street Date signed 2-15-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

VS 3

F 89230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 89230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all items. Use "None" where necessary. If unknown, give your best estimate. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3431 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA SCHECK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1876

8. AGE: Years	Months	Days	If less than one day
65	5		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Bruetting

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann Mier

15. Birthplace Germany

16 (a) Informant Mrs. Woelfel

(b) Address 16 N. Fuslurne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Balto. St.

19 FEB 17 1942 (b) Registrar (Date and day registered)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15, 1942 at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Chronic alcoholism

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Wollenweber M.D. Medical Examiner.

Date signed 2-15-42

F 89231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 S. Poppleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward M. French

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 232-18-7306

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jeannette French
6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) July 9-1901

8. AGE: Years	Months	Days	If less than one day
40	7	5	hr. min.

9. Birthplace W. Va (Town, county, and state)
10. Usual Occupation: Sheet Metal Inspector
11. Industry or business: American Radiator

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Irene Lerineck
15. Birthplace Unknown

16 (a) Informant Jesse L. Hudson
(b) Address 7 S. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave.
18 (a) Funeral director Mrs. Chas. John W. Teufel & Son
(b) Address 801 W. Lafayette St
19 (a) (To be filled in by registrar) (b) Huntington West Virginia

FEB 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Feb 14 1942 and that I last saw him alive on Feb 14 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Harry Glassman M.D.
Address 753 W. Fayette St. Date signed Feb 15 1942

F 89232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

F 89232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Arohawn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Anna M. Mertz

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10. 1881

8. AGE: Years 60 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation House Duties

11. Industry or business At Home

FATHER
12. Name John Mertz
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Amelia Pfetzer
15. Birthplace Baltimore Md.

16 (a) Informant Edward L. Mertz
(b) Address 2507 Arohawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Mrs. Mrs. John W. Taufel's Son
(b) Address 801 W. Lafayette St

19 (a) (Signature of registrant) (b) Huntington Williams, M.D. Registrar

FEB 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-14-42 19 . at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1942 to 2-14 1942 and that I last saw her alive on 2-14 1942

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertension
Due to: cardio vascular disease
Other Conditions

Duration: 5 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams
Address Univ Hosp Date signed 2-17-42 M. D.

F 89233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 89233

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1108 Russell (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

21-1

3 (a) FULL NAME Evelyn Rhodes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-30

8. AGE: Years	Months	Days	If less than one day
11	6	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business School child

FATHER — 12. Name Abraham Rhodes

13. Birthplace S.C.

MOTHER — 14. Maiden Name Wilhelmina Richards

15. Birthplace SC

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto City

18 (a) Funeral director Isaac L. Brown's Son

(b) Address 108 W Montgomery St

19 (a) Date received FEB 17 1942 (b) Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and supply correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 14 1942 and that I last saw h[illegible] alive on Feb 14 1942

Immediate cause of death: Peritonitis — Duration: 2 days

Due to: Cirrhosis — 3yrs. + over

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ross Pollack

Address J. H. H. Date signed 2-14-42

F 89234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-a

F 89234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Fill in all items. Use "None" or "Unknown" where necessary, but make every effort to obtain and furnish information for every item. Be sure that the cause of death is stated in such terms as to show clearly the disease, if any, which originated the fatal train of pathological conditions, and the primary cause, accident, or violence which produced death, if such there were. Do not use abbreviations or symbols. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 S Sharp St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Negro	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1914

8. AGE: Years	Months	Days	If less than one day
27	8	1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sam Cephas
13. Birthplace Md

MOTHER
14. Maiden Name Blanche
15. Birthplace Md

16 (a) Informant Robert Saunders
(b) Address Rhodesdale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)
(c) Cemetery or crematory Mardela Springs
Location Mardela Springs Md

18 (a) Funeral director Isaiah L Blake Sons
(b) Address 08 W Montgomery St

19 ~~FEB 17 1942~~ Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942, at 1930 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 15 1942, and that I last saw him alive on Feb 13 1942.

Immediate cause of death	Duration
Acute Bronchial Pneumonia	5 days
Due to —	
Due to —	
Other Conditions Influenza	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carper M. D.
Address 1014 E - Sharp St Date signed 2-17-42

F 89235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Eaton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Eaton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Behsler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Carl Geo. L. Behsler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 7, 1874
8. AGE: Years 67 | Months 6 | Days 8 | If less than one day: hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Miss Elsie C. Behsler
(b) Address 3517 Eaton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Road
18 (a) Funeral director Harry A. Rentzke
(b) Address 401 E. Edmondson Ave
19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1942 to 2/15 1942 and that I last saw her alive on 2/14 1942.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin H. Carruthers M.D.
Address 4209 Hudnich Ave Date signed 2/17/42

F 89236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89236 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Biddle
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. McCullough

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Florence C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15-1867

8. AGE: Years	Months	Days	If less than one day
74	6	29	hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business Own business

FATHER
12. Name John H. McCullough
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Cook
15. Birthplace Md.

16 (a) Informant Florence C. McCullough
(b) Address 210 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 17 1942 (Date of this registration) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14- 1942 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to Feb 1942, and that I last saw him alive on Feb 12 1942.

Immediate cause of death Hypostatic pneumonia
Ibid

Due to Paralysis cerebral

Due to Hypertension + senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Grunau M. D.

Address 1128 St Paul St Date signed

VS 3

F 89237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 80

F 89237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 115 Callender St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN LOUISE CUSIC

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1938

8. AGE: Years	Months	Days	If less than one day
3	4	17	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Graham J. Cusic
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Marie Tini
15. Birthplace Baltimore, Md

16 (a) Informant Graham J. Cusic
(b) Address 115 Callender St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 847 St. Paul St.

19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942, at 1 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns, entire body — Duration
Due to House afire
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-16-42 at 1 05 P M
(c) Where did injury occur? Pratt and Poplar W (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury oil stove exploded

23. Signature H. L. Wallenmeier M.D. Medical Examiner
Date signed 2-16-42 Dept
House afire

VS 6

F 89238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 115 Callender St (If rural give location)
(e) Resident of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE CUSIC (Birth F-76776)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 4/20/41
8. AGE: Years | Months: 8 | Days: 26 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: Graham J. Cusic
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Marie Fini
15. Birthplace: Baltimore, Md.

16 (a) Informant: Graham J. Cusic
(b) Address: 115 Callender St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: Hilligas Cook
(b) Address: 1217 St Paul St.

19 (a) FEB 17 1942 (Date rec'd by registrar) Huntington Willard, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 16 1942 at 1-55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns, entire body — Duration:
Due to: House afire
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 2-16-42 at 1 05 P.M.
(c) Where did injury occur? Home address (Specify type of place) Fulton Ave (Street or R.F.D. No. or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(e) Means of injury: out stove exploded

23. Signature: H. L. Wollenweber M.D.
By Medical Examiner.
Date signed 2-16-42 House afire

F 89239 Reg. 10246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-B

✓ F 89239 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S Montford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Manus ZYCHOWSKI

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-2156

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1896

8. AGE: Years	Months	Days	If less than one day
45	5	16	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business Unemployed

FATHER
12. Name Julius
13. Birthplace Poland

MOTHER
14. Maiden Name Mary [illegible]wski
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof Feb. 19 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore
18 (a) Funeral director Floyd W. Ozarowski
(b) Address 1930 Eastern Ave
(c) Huntington Williams Mgr.
19 Filed Feb 21 1942
(Date registered)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/16 1942, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1941 to 2/16 1942, and that I last saw h[illegible] alive on 2/16 1942.

Immediate cause of death
Paresis, General
Paralysis Illness — Duration 7
Due to — 1 Day
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Query

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address Baltimore City Hospitals Date signed 2/16/42 M. D.

F 89240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 89240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Entries must be complete and correct as required by law. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian E. Decker

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-6847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha M. London
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1883

8. AGE: Years	Months	Days	If less than one day
58	3	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Beth. Steel Corp.

FATHER
12. Name John Decker
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen P. Kenrickle
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Bertha London
(b) Address 627 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month, day, year)
(c) Cemetery or crematory Mt Olivet Cem. Location Frederick Ave.

18 (a) Funeral director John J. Conroy & Son
(b) Address 901 Hollins St.

19 (a) Date received by reg. FEB 17 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1942 at 6 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1940 to Feb 15 1942 and that I last saw him alive on 2-15- 1942

Immediate cause of death
Acute Hemoptysis
Hypertensive Cardiovascular Disease
Due to Disease
Myocardial Degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Kleinknecht
Address 2579 Easton Ave Date signed 2/16/42 M. D.

89241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MAREK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 [illegible] 188[illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	11	29		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business N.P.A.

FATHER
12. Name George Marek
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Getant
15. Birthplace Poland

16 (a) Informant Joanna Chmielewska (Friend)
(b) Address 327 S. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Perryman Hill Road.

18 (a) Funeral director Lilly & Zuellenstein
(b) Address 403 S. Monroe St.

19 (a) FEB 17 1942 (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15, 1942 at 10 5 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 2-16-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a physician to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a physician to certify to the cause of death. Fill in all items, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Sterling st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Sterling st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Painter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Old age pension
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 918 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D.

FEB 17 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12- 1942 to 2-13- 1942 and that I last saw h alive on 2-12 45.

Immediate cause of death Chronic Cardio-Renal disease — Duration unknown

Due to — Duration

Due to — Duration

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Cargill M. D.
Address 611-11 Cathedral Date signed 2-14-42

F 89243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89243 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Be sure that the information given is correct and complete. Answer each question. If none, or not applicable, write NONE. If unknown, or approximate, state so. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA JANE KURTZ

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William N. Kurtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23, 1873

8. AGE: Years	Months	Days	If less than one day
68	9 M	23	hr. min.

9. Birthplace Shamokin Pa
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Hann
13. Birthplace Union Co. Pa

MOTHER
14. Maiden Name Elizabeth Drum
15. Birthplace Pa

16 (a) Informant Mr. Elmer D. Kurtz
(b) Address 3911 Gwynn Oak Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery or crematory
Location At. Lewisburg Pa

18 (a) Funeral director WILLIAM J. TICKNER'S & SONS
(b) Address North and Pa. Ave.

19 (a) FEB 17 (Date rec'd by Registrar) Huntington Williamsport Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16, 1942 at 4:16 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1941 to 2/16 1942 and that I last saw h. alive on 2/15 1942

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to Cardio Renal — 3 yrs.
Due to Bronchopneumonia — Hypostatic
Other Conditions Terminal
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work?
(Specify type of place)
(e) Means of injury
23. Signature John T O'Hara
Address 504 Cathedral St Date signed 2/17/42

VS 3

F 89244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B F 89244 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every item. Information as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISABEL M. McCLEARY

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles C. McCleary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1872

8. AGE: Years	Months	Days	If less than one day
69	4	5	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William T. Gardner
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Susan Ann Hardy
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Irma M. Boswell
(b) Address 119 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa. Aves. Baltimore, Md.

FEB 17 1942 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1942, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Feb. 15 1942. and that I last saw her alive on Feb 15 1942.

Immediate cause of death Coma of "La Grippe" or Intestinal grippe

Duration

Due to Gastritis + Ulcerated colitis.

Due to

Other Conditions High Blood pressure

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: -

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C Hann M. D.
Address 1215 Hanover Date signed

VS 3

F 89245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 89245

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be completed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2348 Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2348 Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

1561

3 (a) FULL NAME Charles Frederick Beyer

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Augusta Beyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1858

8. AGE: Years 83 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Coal Merchant
11. Industry or business Self

FATHER
12. Name John Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Edna Beyer
(b) Address 2348 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tcikner & Sons, Inc.
(b) Address North & Pa. Aves.

FEB 17 1942 (a) Date received by registrar (b) Huntington Williams, M.D. registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1942, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 15 1942.
and that I last saw ... alive on Feb 14 1942.

Immediate cause of death: Hypertensive Cardio Vas
Due to: Vascular Disease
Due to: Cerebral Hemorrhage
Other conditions: Congestive Heart Failure
Cardiac Dilatation
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address

FEB 16 1942

F 89246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Paddington Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Weikel. Marie D. A. Weikel

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. F. Weikel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1882

8. AGE: Years	Months	Days	If less than one day
59	11	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Karl Roos
13. Birthplace Germany
14. Maiden Name Katherine Kahl
15. Birthplace Germany

16 (a) Informant Mr. Wm. F. Weikel
(b) Address 208 Paddington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SON INC
(b) Address North & Pa Ave.

19 (a) FEB 17 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1942, at 1a.m./p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1942 to 2/17 1942 and that I last saw her alive on 2/17 1942

Immediate cause of death	Duration
Heart Failure	
Due to Arteriosclerotic Heart Disease	5 yrs.
Due to	
Other Conditions Cerebral Embolism	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Youngelson M. D.
Address St. Joseph's Hospital Date signed 2/17/42

VS 8

F 89247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89247

Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or the word "unknown" or the correct word inserted. Ages, dates of birth, and birthplaces must be stated if known. Underlining or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2637 E Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or unincorporated write RURAL and give town)
(d) Street No. 2637 E Chase St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie M Eder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Francis P Eder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1903

8. AGE: Years	Months	Days	If less than one day: hr.	min.
38	5	25		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Malachi Parks
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Wegworth
15. Birthplace Baltimore

16 (a) Informant Francis P. Eder
(b) Address 2637 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 4-01 N. Broadway

19 (a) (Date received by registrar) FEB 17 1942 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942. 53 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Duration
Immediate cause of death Spontaneous Cerebral Hemorrhage
Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify actual place)
(e) Means of injury

23. Signature Wm T Helfrich M.D.
Medical Examiner.
Date signed 2/18/42

88248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 88248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give locality)
(d) Street No. 2323 N Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Ensor

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 219-07-0651

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Effie M. Ensor
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April, 22, 1874

8. AGE: Years	Months	Days	If less than one day
67	9	25	hr. min.

9. Birthplace Butler, Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Supt. of Parks.
11. Industry or business Balto. City

FATHER
12. Name Orick Ensor
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Eliz. Ensor
15. Birthplace Balto. Co.

16 (a) Informant Mrs. Effie M. Ensor,
(b) Address 2323 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Bethlehem Lutheren,
Location Stiltz, Penna.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.,

19 (a) FEB 17 1942 (Date received by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Nelson M.D. Medical Examiner.
Date signed 2/16/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be accurately correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

89249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pyman Park Drive and 3st St.,
(c) Hospital or institution: Maryland
US Marine Hospital, Baltimore,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 da

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Bridgeton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nixon Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL CROCKER MCLEOD

3 (b) If veteran, name war

3 (c) Social Security Account No. 137-18-0919

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19,1879

8. AGE: Years 62 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace PROVINCETOWN, MASS.
(Town, county, and state)

10. Usual Occupation Deck Hand

11. Industry or business

FATHER
12. Name Allen McLeod
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Joan McKay
15. Birthplace Nova Scotia

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18-42 (month) (day) (year)
(c) Cemetery ~~cemetery~~ St Marys
Location Hamden

18 (a) Funeral director A Raiken Slade
(b) Address 2207 York Road,

19 FEB 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1942, at 7:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1942 to Feb. 14, 1942, and that I last saw him alive on Feb. 14, 1942.

Immediate cause of death: CORONARY OCCLUSION — Duration: Unknown

Due to: Arteriosclerosis — Duration: Unknown

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 2/16/42

89250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PARNELL LITTLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1935

8. AGE: Years	Months	Days	If less than one day: hr.	min.
7	1	5		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Thomas Little
13. Birthplace N. C.

MOTHER
14. Maiden Name Marhta McLindon
15. Birthplace N. C.

16 (a) Informant Mrs Martha Little
(b) Address 1102 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances R. Hemsley
(b) Address 578 W. Biddle St

19 (a) FEB 17 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 19 42 at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular primary

Due to

Due to

Other Conditions ND

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ND

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Williams M.D. and Medical Examiner.
Date signed 2-16-42

VS 6

89251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No. F 89251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD BROGDEN

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1873

8. AGE: Years	Months	Days	If less than one day
69		15	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Brogden
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Stewart
15. Birthplace Va.

16 (a) Informant Mrs Sarah E. Adams
(b) Address 1005 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St

19 FEB 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1942 19 at 2:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 19 42 to Feb 17 19 42
and that I last saw h alive on Feb 17 19 42

Immediate cause of death
Cerebral Hemorrhage — Duration 10 da
Due to
Due to Arteriosclerosis — Duration 4 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Wallace M. D.
Address 961 Harlem Ave Date signed 2-18-42

F 89252

F 89252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie H. Minor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Minor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5th 1867

8. AGE: Years 55 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Campbell Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Nash
13. Birthplace Va.

MOTHER
14. Maiden Name Millie Payne
15. Birthplace Va.

16 (a) Informant Agnes Boykins
(b) Address 1708 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1942 (month) (day) (year)

(c) Cemetery or crematory Evergreen Cem.
Location Balto Co. Md.

18 (a) Funeral director Bohne & Higgins H. Knight
(b) Address 721 Augusta St

19 FEB 17 1942 Hunting Ton Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Feb - 15 1942 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 - 1942 to Feb 15 - 1942 and that I last saw h[illegible] alive on Feb 15 1942

Immediate cause of death
Acute Cardiac Dilatation
Hypertensive Myocarditis
Due to Cystitis
Rheumatic Changes & Aorta
Due to General Arteriosclerosis

Duration 1

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature W. Gayer M.D.
Address 156 W. Mulberry St Date signed 2/16/42

VS 2

F 89253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 89253 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days): 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 5000 Levindale Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) FULL NAME: BEN CHESTER

3 (b) If veteran, name war: PTE
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hildegard
6 (c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): July 18, 1906

8. AGE: Years: 35 | Months: 6 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Camden, Tennessee (Town, county, and state)
10. Usual Occupation: Machinist Mate 1/c
11. Industry or business: U. S. Navy

FATHER
12. Name: Colly Chester
13. Birthplace: Camden, Tenn.

MOTHER
14. Maiden Name: Emma Holland,
15. Birthplace: Camden, Tenn.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 20 42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Road

18 (a) Funeral director: J. Walter Mace
(b) Address: 6 N. Bouldin St.

FEB 17 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 17, 1942, 1:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11, 1942 to Feb. 17, 1942, and that I last saw him alive on Feb. 17, 1942.

Immediate cause of death: Malignant nephro-sclerosis — Duration: 15 mo.
Due to: Uremia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: H. D. Chester M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 2/17/42

VS 3

41235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. E 39254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 E. Preston St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JACKSON
3 (b) If veteran, name war
3 (c) Social Security Account No. 242-16-1785

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	

6 (b) Name of husband or wife EDNA
6 (c) If alive, give age 38 years
7. Birth date of deceased (mo., day, yr.) 12-13-00

8. AGE: Years	Months	Days	If less than one day
41 42	2	1	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Obie JACKSON
13. Birthplace S. C.

MOTHER
14. Maiden Name Julia ?
15. Birthplace S. C.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Darlington S. C.
18 (a) Funeral director Elby Wilson
(b) Address 1000 Beantley Ave
19 FEB 17 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942, at 5:55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb. 14 1942 and that I last saw him alive on Feb. 14 1942

Immediate cause of death Heart Failure — Duration
Due to Hypertension
Due to Chronic Arthritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. J. Harris
Address Johns Hopkins Hosp Date signed 2/16/42

VS 3

F 89255

Robert

F 89255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 S. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 S. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30 1860

8. AGE: Years	Months	Days	If less than one day
81	3	15	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Theodor Kraus
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Nary.
15. Birthplace Germany.

16 (a) Informant Mrs. Margaret Hartman
(b) Address 816 S. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 "42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Donnell St.

18 (a) Funeral director Stephen J. Fialhouser (N
(b) Address 1000 S. Kenwood Ave

19 (a) [illegible] (b) Huntington Williams, M.D.
FEB 18 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1942, at 9.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Spring 1936 to Feb 15 1942.
and that I last saw h alive on Feb 15 1942

Immediate cause of death Chronic myocarditis

Due to hypertension

Due to

Other Conditions Rheumatism Bronchitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: ca 5 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Langrell M. D.
Address 2431 Eutaw Pl Date signed 2/19/42

F 89256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-P

F 89256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 Scott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip. Thompson.
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation PAINT.
11. Industry or business

FATHER 12. Name UN KNOW
13. Birthplace md

MOTHER 14. Maiden Name Unknown
15. Birthplace md

16 (a) Informant Alice Thompson
(b) Address 305 Scott. St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location old Frederick Rd
18 (a) Funeral director Joseph Kapunkas Inc.
(b) Address 602 W Washington Blvd
19 (a) Huntington Williams M.D. Registrar
(b) FEB 18 1942 (Date received by registrar)
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 16 1942, at 3:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1939 to FEB 16 1942 and that I last saw him alive on FEB 15 1942.

Immediate cause of death Cardio Vascular Disease — Duration
Due to Arterio Sclerosis — 1939
Due to
Other Conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward F. Dillon M.D. M. D.
Address 6 E Lexington St Date signed 2-17-42

F 89257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 N. Gilmore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Raymond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1892

8. AGE: Years 49 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo. E. Anderson
13. Birthplace Hartford Co. Md.

MOTHER
14. Maiden Name Hannah Agnes
15. Birthplace Maryland

16 (a) Informant Raymond Howard
(b) Address 432 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Wm A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) FEB 18 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16-42 19 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 19 42 to 2/16 19 42 and that I last saw ~~her~~ alive on 2/16 19 42.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Pratt M.D.
Address 1536 W. Lanvale St. Date signed 2/17/42

VS 3

F 89258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89258 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 W. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 59 | Months - | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lizzie
15. Birthplace Unknown

16 (a) Informant Mercy Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) FEB 18 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1942 at 10 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1942 to Feb. 14 1942 and that I last saw h[illegible] alive on Feb. 14 1942

Immediate cause of death: Generalized Edema

Due to: Pulmonary Tuberculosis ulcerative

Due to:

Other Conditions: Dehydration & Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
About 1 wk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tracy M. Spencer Jr. M.D.
Address Mercy Hosp. Date signed 2/18/42

F 89259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89259 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hosp.

(c) Hospital or institution: Monument St. r Rutland Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3412 Hilladale Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reba Yaffe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25-1919

8. AGE: Years 22 | Months 5 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Manacurist

11. Industry or business

FATHER — 12. Name Gabriel Yaffe

13. Birthplace Russia

MOTHER — 14. Maiden Name Edith —

15. Birthplace Russia

16 (a) Informant Samuel Yaffe

(b) Address 532 Bruns St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)

(c) Cemetery or crematory Hilladale

Location Phila. Rd & Loch Raven

18 (a) Funeral director Jack Levy Inc

(b) Address 1139 E. Baltimore St

19 (a) FEB 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1942, at 1030 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 2-16 1942 to 2-16 1942 and that I last saw h[illegible] alive on 2-16 1942

Immediate cause of death

Cardio - respiratory failure

Due to Lobar pneumonia

Due to

Other Conditions Rheumatic Heart disease — (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
1 Day
Several Years

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Cohen M. D.

Address Sinai Hosp. Date signed 2/16/42

VS 3

F 89260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 89260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & ...
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Norfolk Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME FRIEDA MICHAELSON

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife NATHAN V.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			... hr. ... min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant HUSBAND
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)
(c) Cemetery or crematory WINDSOR MILL RD
Location SAME
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St
19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1942, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 2-17 1942.
and that I last saw h. alive on 2-17 1942.

Immediate cause of death	Duration
Sepsis	
Due to Diabetic Gangrene Rt. Foot	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Dilated stomach - polyp of pylorus & partial obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Daniel Ulster M. D.
Address Sinai Hosp. Date signed Feb 17, 1942

F 89261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

F 89261 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 N. Stricker St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George T. Wade

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-1363

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edna Wade

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1889

8. AGE: Years 52 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Woodsdale, N. C. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Abraham Wade
13. Birthplace N.C

MOTHER
14. Maiden Delphia Carrington
15. Birthplace N.C

16 (a) Informant Edna Wade
(b) Address 311 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (month) (day) (year)
(c) Cemetery or crematory Asbury Memorial Cem
Location

18 (a) Funeral director Peyton J. Beasley
(b) Address 510 Reisterstown

19 (a) Filed FEB 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1942, at 10.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/3 1941, to 2/15 1942 and that I last saw h[illegible] alive on 2/14 1942

Immediate cause of death Chronic Myocarditis — Duration 2 years

Due to

Due to

Other Conditions Chronic Bright's Disease — Duration 6 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Howard Cain, M.D.
Address 1450 W. Biddle St. Date signed 2/16/42

VS 3

F 89262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S. Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. Bost

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-09-7389

4. Sex: Male
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Catt Minnie West Pinnock
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 11. 1866
8. AGE: Years 75 Months 7 Days 6 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Brush Maker
11. Industry or business Pittsburgh Plate Glass

FATHER
12. Name Theodore Bost
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Welsh
15. Birthplace Balto. Md

16 (a) Informant Louise M. Bost
(b) Address 113 S. Gilmay St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.
18 (a) Funeral director Harry A. Cuttle
(b) Address 410 E Lemmon Ave
19 (a) FEB 18 1942 (Date received by Registrar) Registrar
Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1941 to Feb 16 1942 and that I last saw h[illegible] alive on Feb 16 1942

Immediate cause of death: Congestive Heart Failure — Duration 24 hr.
Due to Hypertension - Arteria - Sclerosis Heart Disease — 7 years
Due to Coronary Occlusion — 3 months
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
25. Signature J. M. Collins M.D. M. D.
Address 3321 7 Neb. Ave Date signed 2-17-42

F 89263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93-D

Registered No. F 89263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 n Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Betz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	divorced

6 (b) Name of husband or wife Catherine Thornington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1870

8. AGE: Years	Months	Days	If less than one day
71	3	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business

FATHER 12. Name	John Betz Sr.
FATHER 13. Birthplace	Baltimore Md
MOTHER 14. Maiden Name	Philomine Sprinz
MOTHER 15. Birthplace	Baltimor Md

16 (a) Informant Mrs Clara Betz Snyder
(b) Address 1637 n milton ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Lehnardts
Location Donnell Rd
18 (a) Funeral director Clarence P Hoffman
(b) Address 639 n Broadway
19 FEB 18 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1942, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1942 to 2/15 1942, and that I last saw h alive on 2/15 1941.

Immediate cause of death	Duration
Heart Failure	
Due to Coronary Thrombosis	2 weeks
Due to Arteriosclerotic Ht. Dis Hypertensive C.V.D.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. V Youngdahl
Address St Joseph's Hospital Date signed 2/16/42

VS 3

F 89264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89264

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5708 Bland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5708 Bland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie C. Jasperson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel Jasperson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1861

8. AGE: Years	Months	Days	If less than one day
80	4	28	hr. min.

9. Birthplace Copenhagen, Denmark (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Hansen
13. Birthplace Copenhagen, Denmark

MOTHER
14. Maiden Name
15. Birthplace Denmark

16 (a) Informant Mr. J. M. Jasperson
(b) Address 79 Colbert Road, Boston, Mass.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director WILLIAM J. TICKNER AND SONS
(b) Address North and Pa.

19 FEB 18 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Feb 17 1942 and that I last saw h[illegible] alive on Feb 16 1942.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions Chronic cardiac Osteoarthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest W. Lakin

Address 732 Park Av. Date signed 2/18/42

VS 8

F 89265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89265 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 E. 35th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. 35th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Rinehold

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Emanuel O. Rinehold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1876

8. AGE: Years	Months	Days	If less than one day
65	4	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John Harper
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Hatton
15. Birthplace Md.

16 (a) Informant Emanuel O. Rinehold
(b) Address 618 E. 35th st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (~~Embalmer~~) FEB 18 1942 Huntington Willis ~~(Signature)~~, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1942, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to 2/16 1942 and that I last saw ~~her~~ alive on 2/15 1942

Immediate cause of death Chronic Myocarditis (Infectious) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Willis M.D.
Address 57 E Hoffman St Date signed 2/18/42

VS 3

F 89266

F 89266 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-42 Registered No. 17

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3722 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3722 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Allen H. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-4525

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie May Anderson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) April 26th 1882
8. AGE: Years 59 | Months 9 | Days 20 | If less than one day ____ hr. ____ min.
9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business Mut Benefit Ass't Part

FATHER
12. Name Chas. Van Buren Anderson
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Jerusha Shaw
15. Birthplace A. A. Co. Md.

16 (a) Informant Minnie M. Anderson
(b) Address 3722 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19th 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 W. Saratoga St

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1942, at 2.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1940 to Feb 16 1942 and that I last saw him alive on Feb. 16, 1942.

Immediate cause of death	Duration
Cerebral hemorrhage with hemiplegia (L)	1 hr.
Due to Arteriosclerosis with hypertension	1½ yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Feb. 17

VS 8

F 89267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89267 Registered No.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 E. 27th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 E. 27th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George William M. Orem

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Louise Orem

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1856

8. AGE: Years	Months	Days	If less than one day
85	5	0	hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business B. O. R. R.

FATHER 12. Name Thomas E. Orem

13. Birthplace Md.

MOTHER 14. Maiden Name Barbara Hofmaster

15. Birthplace Pa.

16 (a) Informant Walter W. Orem

(b) Address 411 E. 27th St.

17 (a) Burial (b) Date thereof 2/18/42
(Burial, ~~cremation or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet

Location Balto Md.

18 (a) Funeral director Wilson Cook

(b) Address 1217 St. Paul St

19 FEB 18 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1942 9:20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 16 1942 and that I last saw h~~e~~ alive on Feb 16 1942

Immediate cause of death Uremia Sclerosis Myocarditis

Due to Age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Ephraim M.D.

Address 443 E 25th St Date signed Feb 17, 42

F 89268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-D

F 89268 Registered No.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 E 23rd St
(c) Hospital or institution: Diagnostic Clinic
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 2520 N Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Dunker McCleary

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Standish McCleary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov 17 1869
8. AGE: Years 72 | Months 3 | Days — | If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Otto Dunker
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna C Radicke
15. Birthplace: Baltimore Md

16 (a) Informant: Standish McCleary
(b) Address: 4417 Edmondson Ave
17 (a) Interment (Burial, cremation, or removal) (b) Date thereof: 2/19/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md
18 (a) Funeral director: Pallon Co
(b) Address: 1214 E Lanvale St
19 (a) FEB 18 1942 (Date received by registrar) (b) Huntingtown, Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 17 1942 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Feb 17 1942 and that I last saw h[illegible] alive on Feb 16 1942

Immediate cause of death	Duration
Carcinomatosis metastases Skull - Spine etc	
Due to Primary Carcinoma of bladder	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Standish McCleary
Address 100 E 23rd St Date signed M. 2 D. 19/42

VS 8

F 89269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89269 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 Englewood Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 5 Englewood Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Orem Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Sarah E. Orem

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31st 1862

8. AGE: Years 79 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carey Machine Supply Co

FATHER
12. Name John H. Orem Sr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret E. Shotwell
15. Birthplace Germany

16 (a) Informant Sarah E. Orem
(b) Address 5 Englewood Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/19/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director Williams Bros
(b) Address 527 E. Fayette St

19 (~~Embalmer~~) Huntington Williams, M.D. Registrar

FEB 18 1942

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16th 1942, at 1145 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 - 1942 to Feb 16. 1942 and that I last saw h~~im~~ alive on Feb 16. 1942

Immediate cause of death: Myocard insuff.
Chr. Myocarditis — Duration 2 yrs

Due to Not Known

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas J. Keller M. D.

Address 232 W. Monument St Date signed 2/17/42

F 89270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 89270 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1769 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1769 E. North Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Kerns

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife May E. Kerns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16th 1868

8. AGE: Years 73 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business Balto Copper Works

FATHER
12. Name George A. Kerns
13. Birthplace Germany

MOTHER
14. Maiden Name Annie M. Martin
15. Birthplace Md.

16 (a) Informant May E. Kerns
(b) Address 1769 E. North Ave

17 (a) Burial (b) Date thereof 2/18/42 (month) (day) (year)

(c) Cemetery Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 121 St. Paul St

19 (a) FEB 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~Sept~~ Feb 16th 1942 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1942 to Feb 16 1942 and that I last saw him alive on Feb. 14 1942.

Immediate cause of death Carcinoma of Stomach — Duration 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J Schmitz M. D.
Address 701 N. Edmondson Ave, Date signed 2/17/42

VS 3

F 89271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a

F 89271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6512 Holabird Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 236-12-8390

4. Sex	5. Color or race	6 (a) Single, Married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1905

8. AGE: Years	Months	Days	If less than one day
36	11	8	hr. min.

9. Birthplace Catonsville Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Frankford Miller
13. Birthplace Md

MOTHER 14. Maiden Name Alice T. Miller Shultz
15. Birthplace Catonsville Md

16 (a) Informant Edmund Carlyn Stendal Sister
(b) Address 5315 Harford Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)

(c) Cemetery or crematory Phillips Md
Location Phillips Md

18 (a) Funeral director Milburn Co
(b) Address 1217 E. Lexington St

19 (Date rec'd by registrar) FEB 18 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence Feb 13, 1942 at a.m. M
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Gas heater

23. Signature H. G. Wollamebers M.D.
Medical Examiner.

Date signed 2-13-42

VS 6

F 89272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 89272 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Greenmount Ave
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary Eliza Cook.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Edward E Cook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1851

8. AGE: Years 90 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Harford County (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Eliza Peterson
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Myt. Wilson
15. Birthplace Harford Co. Md

16 (a) Informant Charles E. Cook
(b) Address 1814 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-42 (month) (day) (year)
(c) Cemetery or crematory Centre
Location Harford Co. Md.

18 (a) Funeral director Albert W. Deacon
(b) Address 440 E North Ave

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 16 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1940 to Feb 16 1942 and that I last saw h~~er~~ alive on Feby 14 1942

Immediate cause of death: Acute dilatation of the heart
Due to: Hypostatic pneumonia
Due to: Epithelioma
Other Conditions: Infirmities of old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Hrs.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Mayo Munnikhuysen, M.D.
Address 108 E Chase St Date signed Feb 18 1942

VS 3

F 89273

Quillen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 89273 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Argyle Ave (Hospital give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Cayce Stella Quillen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1879

8. AGE: Years	Months	Days	If less than one day
62	6	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph H. Quillen
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Alexandra McCall
15. Birthplace Hopkinsville Ky

16 (a) Informant Edw. Quillen
(b) Address 1005 Argyle Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2 (month) 18 (day) 1942 (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Mt Winans Md.

18 (a) Funeral director Miss Kate R. Williams
(b) Address 322 N Schroeder St

19 FEB 18 1942 (b) Huntington Williams M.D.
(Date received by city registrar) (Signature of registrar)

YS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13/42 19 6.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/42 to 2/13/42, and that I last saw her alive on 2/13/42

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Arteen Allen
Address [illegible] Date signed 2/14 19 42

F 89274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered No.

F 89274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5743 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Over 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 5743 Reisterstown Road (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Elizabeth Liebaugh

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles Liebaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1858

8. AGE: Years 83 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Halbig
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie
15. Birthplace Germany

16 (a) Informant Sophia M. Smith
(b) Address 5743 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Ruff & B.M. Walter
(b) Address Preble Street & C

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1942 at 9.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Feb 15 1942 and that I last saw h[illegible] alive on Feb 15 1942.

Immediate cause of death Carcinoma of Face

Due to

Due to Exhaustion

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
10 Dys.

PHYSICIAN
Underline the cause to which death should be charged statistically. +1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Esser M. D.
Address 4936 Park Heights Ave Date signed 2-15-1942

1942

F 89275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 89275 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 S. PARRISH
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. PARRISH ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Patrick Banahan

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma C. Banahan
6 (c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): July 2 - 1859
8. AGE: Years 82 | Months 81 | Days 28 | 14 | If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:
12. Name of Father: Patrick Banahan
13. Birthplace of Father: Ireland
14. Maiden Name of Mother: Brigid O'Shea
15. Birthplace of Mother: Ireland
16 (a) Informant: Emma C. Banahan
(b) Address: 416 S. Parrish St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 20-1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: City
18 (a) Funeral director: Robt F. & B. M. Walters
(b) Address: Pratt & Stricker Sts
19 (a) FEB 18 1942 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1942, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16, 1942, to Feb 16, 1942 and that I last saw him alive on Feb 16, 1942.

Immediate cause of death: CEREBRAL HEMMORHAGE — Duration
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Jos Baylus M. D.
Address: 1600 Wiltshire Ave Date signed: 2/16/42

F 89276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 89276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 S Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 S Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flora A. Tormollan

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles H Tormollan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1877

8. AGE: Years 64 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md. (town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John S. Perry
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Isabella Perry
15. Birthplace Fredericksburg Va

16 (a) Informant John S Tormollan
(b) Address 607 - 3rd Ave Arnolia Pk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-1942 (mo., day, year)
(c) Cemetery or crematory Dulaney Valley
Location Balto City

18 (a) Funeral director A. Howard Ellis
(b) Address 1400 N Charles St

19 (a) (Date rec'd by reg'strar) (b) FEB 18 1942 Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1941 to Feb 16 1942; and that I last saw her alive on Feb 16 1942.

Immediate cause of death: Acute Dilatation of Heart — Duration Hrs.

Due to

Due to Chronic Nephritis

Other Conditions Infl.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Crumpton M. D.
Address 644 Cathedral St Date signed 2/17/42

VS 3

1 F 89277 ✓ F 89277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Hanover St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Kneicker

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha E Kneicker
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1867

8. AGE: Years 75 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md (town, county, and state)
10. Usual Occupation Retired Oyster Packer
11. Industry or business

FATHER
12. Name John Kneicker
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Schaaf
15. Birthplace Germany

16 (a) Informant Martha E Kneicker
(b) Address 1328 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1942 (Month, day, year)
(c) Cemetery or crematory Cedar Hill
Location A. 9. 6.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 W. Baltimore St

19 (a) FEB 18 1942 (Date rec'd by registrar) Hamilton Willis, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1942, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30/1940 to 2/16/1942, that I last saw him alive on 2/15/1942.

Immediate cause of death	Duration
Hypertensive cardio vascular disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1226 Hanover St. Date signed 2/18/42

VS 3

D F 89278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Kanawha
(c) Hospital or institution: FLORENCE NIGHTINGALE HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Kanawha St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B. Mason

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Fem | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Annie Lehman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1862

8. AGE: Years 79 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Snow Hill Md (Town, county, and state)

10. Usual Occupation Retired Bldg Employee

11. Industry or business

FATHER
12. Name Thomas Mason
13. Birthplace Snow Hill Md

MOTHER
14. Maiden Name Sarah Bacon
15. Birthplace Md

16 (a) Informant Dewey Mason
(b) Address 1625 Kanawha St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co

18 (a) Funeral director A. Raymond Evans
(b) Address 1600-02 N. Charles St

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1941, to Feb 16 1942, and that I last saw h[illegible] alive on Feb 16 1942.

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Fullerman, M. D.
Address 2324 Reisterstown Rd Date signed 2/17/42

F 89279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 89279

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 N Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 3

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63 62	3	2		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Emory Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Simpson
15. Birthplace Md.

16 (a) Informant Addell Booker
(b) Address 4097 N. Eden st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hallstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) (b) Registrar, Md.

FEB 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1942 to Feb. 17 1942 and that I last saw deceased alive on Feb. 17 1942

Immediate cause of death: Edemia — Duration 2 weeks

Due to: Cardio-renal disease — Duration

Due to: Arteriosclerosis — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Redding, M.D.
Address Provident Hospital Date signed 2/17/42

F 89280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 89280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1440 N. Eden St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1440 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Smith
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 1872

8. AGE: Years 69 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Mareska
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mankus
(b) Address 1440 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Geo I. Beyer Jr
(b) Address 15th Hollins St

19 (a) FEB 18 1942 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15 1942, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1942 to Feb. 15 1942 and that I last saw her alive on 2/14 1942.

Immediate cause of death Cerebral Embolism Coronary Thrombosis

Duration 2

Due to —

Due to —

Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Joseph S. Blum, M.D.
Address 1706 E. Eastern Ave Date signed 2/16/42

VS 3

F 89281

JM 71796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 89281 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 657 W. Pratt, St. (If rural give location)
(e) Capital of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Yenchus (Balskas)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: ~~Single~~ Widow
6 (b) Name of husband or wife: Stanley Balskas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 16, 1885
8. AGE: Years 57 Months 1 Days If less than one day hr. min.
9. Birthplace Europe (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicolas Yenchus
13. Birthplace Europe

MOTHER
14. Maiden Name Katie ?
15. Birthplace Europe

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Bernard C. Haile
(b) Address 121 E Max St Huntingtown Williamsport, Md.

19 Filed FEB 18 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1942, at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1942 to 2-16 1942 and that I last saw h[illegible] alive on 2-16 1942

Immediate cause of death: Atelectasis of Rt Lung — Duration: one hour
Due to: Pathologic Fract. Rt. Femur
Due to: Generalized Pneumonia from Rt. Breast — Duration: 3 yrs. ?
Other Conditions: no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-12-42 at — M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fall to floor

23. Signature H. H. Rigdon M. D.
Address B. C. H. Date signed 2-18-42

VS 3

H.H.-Wallenwebber M.D. asst. medical examiner

F 89282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William W. Chipchase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Emily Lamb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1862

8. AGE: Years	Months	Days	If less than one day
79	6	11	hr. min.

9. Birthplace Prince George County, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Rev. James Chipchase
13. Birthplace England

MOTHER
14. Maiden Name Mary A. P. Walter
15. Birthplace Maryland

16 (a) Informant James Chipchase
(b) Address 3409 Guilford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery St. John's Church
Location York Road & 30th St.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) FEB 18 1942 (Date rec'd by registrar) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942, at 2.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1930 to Feb 16 1942, and that I last saw h— alive on Feb 16 1942.

Immediate cause of death: Myocarditis. Arterio-sclerosis. — Duration: Gradual

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody, M. D.
Address 1403 Park Avenue Date signed 2/18/42

F 89283

Look

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P F 89283
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 41
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine C. Wassem

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George E. Wassem

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2, 1867

8. AGE: Years: 74 | Months: 10 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Gettysburg, Pa.
(Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER
12. Name: Joseph Martin
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Cecelia Conari
15. Birthplace: Pa

16 (a) Informant: Mary C. Wassem
(b) Address: 826 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rita Wiedereld
(b) Address: 914 Greenmount Ave

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12-1940, to 2-16-1942, and that I last saw her alive on 2-15-1942.

Immediate cause of death: Carcinoma stomach — Duration: two years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo B. Lybert M. D.
Address 2802 Harford Rd Date signed 2-17-42

F 89284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 89284 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Evergreen Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Evergreen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H Bittner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Elizabeth Bagley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27-1866

8. AGE: Years	Months	Days	If less than one day
75	2	19	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired + B.O.R.R.
11. Industry or business

FATHER
12. Name Richard Bittner
13. Birthplace Germany

MOTHER
14. Maiden Name Claudia Stumpf
15. Birthplace Germany

16 (a) Informant Richard J Bittner
(b) Address 3015 Evergreen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location

18 (a) Funeral director Leonard J Roch
(b) Address 5205 Harford Road

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS FEB 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1942 at 7.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to Feb-16 1942, and that I last saw h alive on Feb-15 1942.

Immediate cause of death	Duration
Generalized arteriosclerosis	
Senility —	
Due to Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Brooke Bayley M. D.
Address 5217 Harford Rd Date signed 2/27/42

F 89285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 89285

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver st
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N Wolfe st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C Mery

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary E Mery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1886

8. AGE: Years	Months	Days	If less than one day
53	2	25	hr. min.

9. Birthplace Balto Md (town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Conrad G Mery
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Preller
15. Birthplace Germany

16 (a) Informant Mary E Mery
(b) Address 1802 N Wolfe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5505 Harford Rd

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1942, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1942 to 2/17 1942 and that I last saw h[illegible] on 2/17 1942

Immediate cause of death Renal Failure — Duration

Due to Hypertension C.V.D. — Duration 2 yrs?

Due to

Other Conditions Uremia Arteriosclerosis gen

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. R. Torgalow, M.D.
Address St Joseph's Date signed 2/19/42

VS 8

F 89286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89286

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4709 Harford
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) 4709 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W Sehrt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Theresa P Sehrt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1891

8. AGE: Years	Months	Days	If less than one day
50	5	10	hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Prop confectionery Store
11. Industry or business

FATHER
12. Name Herman Sehrt
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Theresa P Sehrt
(b) Address 4709 Harford Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location
18 (a) Funeral director Leonard Luck
(b) Address 5305 Harford Rd
19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1942 to Feb 16 1942 and that I last saw h[illegible] alive on Feb. 16 1942

Immediate cause of death Chronic myocarditis — Duration 10 years (History)
Due to Arteriosclerosis
Due to
Other Conditions Terminal uremia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold
Address 4706 Harford Road Date signed M. D. 2/17/42

F 89287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89287 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St Paul ST
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME MEADE, Miss Mattie Leaton

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1879

8. AGE: Years 62 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Charlottesville Va
(Town, county, and state)

10. Usual Occupation Artist

11. Industry or business —

FATHER
12. Name Francis Meade
13. Birthplace Charlottesville Va

MOTHER
14. Maiden Name Mattie Mosby
15. Birthplace Charlottesville Va

16 (a) Informant Mrs Richard Meade
(b) Address 4909 Roland Ave

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** Feb. 20 '42 (month) (day) (year)

(c) Cemetery or crematory Locust Grove
Location Charlottesville Va

18 (a) Funeral director Sherwood Memorial
(b) Address 108 W North Ave

19 (a) FEB 18 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1942, to 2-18 1942, and that I last saw her alive on 2-18 1942.

Immediate cause of death Arteriosclerotic Gangrene — Duration 17 days

Due to Arteriosclerotic + Hypertensive Heart disease — ?

Due to Generalized Arteriosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Fuller Jr M. D.
Address Church Home + Infirmary Date signed 2-18-42

F 89288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registration No. F 89288

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Station Hospital
(c) Hospital or institution: Camp Holabird
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 453 W. 24th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM A. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Helen C

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1893

8. AGE: Years	Months	Days	If less than one day
48	6	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Guard

11. Industry or business Camp Holabird

FATHER
12. Name John J. Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgt Fahey
15. Birthplace Ireland

16 (a) Informant Helen C. Kelly
(b) Address 453 W. 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md 2/24-42

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 6:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 2-17-42

VS 6

F 89289 Rockins ✓ X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176-C Registered No. F 89289

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 4th Ave - Brooklyn
(If rural give location)
Was deceased a resident of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Rockins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1874

8. AGE: Years	Months	Days	If less than one day
67	9	109	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Sophia Madin
(b) Address 42 Fourth Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21st 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co. Md.

18 (a) Funeral director Charles H Bill
(b) Address 2 Fort Ave
FEB 18 1942

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 7 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture 1 pelvis — Retroperitoneal hemorrhage — Duration
Due to Shock
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2-17-42
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/17/42 at 7 30 P M
(c) Where did injury occur? Hanover & Jeffrey (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fall from car - struck by automobile

23. Signature Wm Wardenburg M.D.
Medical Examiner.
Date signed 2/18/42

F 89290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42

Registered No. F 89290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1331 Hull St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 Hull St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Patrick Colnon

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Catherine Colnon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60 59			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Seaman
11. Industry or business

FATHER
12. Name Patrick Colnon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Murray
15. Birthplace Ireland

16 (a) Informant Patrick Colnon
(b) Address 1331 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20th 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1111 E. Fort Ave.

19 (a) FEB 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1942 at 5 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1942 to Feb. 17 1942 and that I last saw h. alive on Feb. 16 1942

Immediate cause of death	Duration of Day
Medical Regurgitation Emergency	
Due to Chronic Nephritis	4 Yrs
Due to Arteriosclerotic Nephritis	4 Yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2818 Harford Rd Date signed 2-19-42

VS 8

F 89291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89291 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 Gibbons ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Gibbons ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Higdon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary J Higdon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1874

8. AGE: Years	Months	Days	If less than one day
67	2	18	hr. min.

9. Birthplace Baltimore md (Town, county and state)

10. Usual Occupation Retired B&O

11. Industry or business

FATHER
12. Name James Higdon
13. Birthplace md

MOTHER
14. Maiden Name Rebecca Cason
15. Birthplace Pa

16 (a) Informant Edward A Higdon
(b) Address 3501 Gibbons ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Rugh
(b) Address 5395 Harford Rd

19 (a) FEB 18 1942 (Date filed by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 7.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1940 to 2-16 1942 and that I last saw h alive on 2-16 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 1 da

Due to Hypertensive Cardio-Vascular Disease — Duration 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Laukaitis
679 Washington Blvd
Date signed 2/18/42 M. D.

VS 3

39292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 39292

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Coliseum 2300 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius G. Francis

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna Gallagher
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): 12/6/1874

8. AGE: Years	Months	Days	If less than one day
67	4	11	hr. min.

9. Birthplace: Stillwater, Minn.
(Town, county, and state)
10. Usual Occupation: Woman's Wearer
11. Industry or business: Shipbuilding

FATHER
12. Name: John Francis
13. Birthplace: Wyoming Co.

MOTHER
14. Maiden Name: Felicia Kovach
15. Birthplace: Paris, France

16 (a) Informant: Mrs. Jeanette Francis
(b) Address: 1529 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Road

18 (a) Funeral director: Thos. J. Kenny
(b) Address: 1600 Hollins St

19 FEB 18 1942 Registrar's signature: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 9:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: W. M. Vandegrift M.D. Medical Examiner
Date signed 2/18/42

VS 6

F 89293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 89293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2139 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2139 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Rollins Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nita Hall Rogers
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) January 31, 1880

8. AGE: Years	Months	Days	If less than one day
62	-	15 16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Inspector (City)
11. Industry or business Quarry

FATHER
12. Name George H. Rogers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Lurty
15. Birthplace St. Marys County, Md.

16 (a) Informant Mrs. Nita Hall Rogers
(b) Address 2139 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director O'Donovan
(b) Address 1005 E. Baltimore St.

19 FEB 18 1942 (Date rec'd by registrar) Livingston Hollingsworth, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1942, at 2.35A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 16 1942 and that I last saw him alive on Feb 15 1942

Immediate cause of death Carcinoma prostate gland. — Duration 1 year.
Due to General Metastasis —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 2604 Garrison Blvd Date signed 2-16-42

F 89294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 89294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6215 Burgess Ave.
(c) Hospital or institution Hamilton
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6215 Burgess Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie O'Connor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1869

8. AGE: Years 73 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Laundress
11. Industry or business Housework

FATHER
12. Name Roger O'Connor.
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Flynn
15. Birthplace Ireland.

16 (a) Informant Mrs James Rytina
(b) Address 6215 Burgess Ave

17 (a) [illegible] (b) Date thereof Feb. 20/42
(month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Old Frederick Rd

18 (a) Funeral director Geo M. Frank Son
(b) Address 811 Washington Blvd

19 (a) [illegible] (b) [illegible]
Registrar

FEB 19 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 16 1942 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Feb. 16th 1942 and that I last saw [illegible] alive on Feb 16th 1942

Immediate cause of death: Cerebral hemorrhage. — Duration: 2 days

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry J. Corr M. D.
Address 1301 N. Luzerne Ave Date signed 2-17-42

F 89295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 S Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C Catlett

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 1106E

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret E Catlett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 25 1876
8. AGE: Years 65 Months 1 Days 21 If less than one day hr. min.
9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Street Cleaner Retired
11. Industry or business City of Balto

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Margaret E Catlett
(b) Address 4 S Broadway
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilmer Cook
(b) Address 1317 E Saint St
19 (a) FEB 19 1942 (Registrar's signature) Huntington Williams, M.D. Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from May 1934 to Feb 16 1942 and that I last saw h[illegible] alive on Feb 6 1941

Immediate cause of death: Coronary Sclerosis
Due to: Acute Cardiac Failure
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 8 yrs; 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Coyne M.D.
Address 2302 Baltimore
Date signed 2/17/42

H. L. Wollenweber, M.D. Dec 3rd 42

VS 3

F 89296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89296 Registered No. 930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2432

3 (a) FULL NAME John C. Grimes

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 218-10-1713

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose C. Grimes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20th 1882

8. AGE: Years	Months	Days	If less than one day
59	2	26	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation General Worker
11. Industry or business Grimes Estate

FATHER
12. Name Edward Grimes
13. Birthplace Md.

MOTHER
14. Maiden Name Mc Kinney
15. Birthplace

16 (a) Informant Rose C. Grimes
(b) Address 1035 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by Local Registrar FEB 19 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28/1941 to 2/16/1942 and that I last saw him alive on 2/16/1942.

Immediate cause of death Coronary thrombosis — Duration 1 yr. 19 days

Due to

Due to

Other Conditions Hypotensive cardio vascular disease — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deiler M. D.
Address 1226 Hanover St. Date signed 2/16/42

F 89297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186

F 89297 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2234 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 0 4 7.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Clarke

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wm H. Clarke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1856

8. AGE: Years 86 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace Washington D. C. (town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Wm T. Robinson
13. Birthplace Unknown

MOTHER
14. Maiden Name Barbara Madison
15. Birthplace Virginia

16 (a) Informant Robt. E. Clarke
(b) Address 2234 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore Md.

18 (a) Funeral director Durward D. Covington
(b) Address 21 W 25th St.

19 (a) FEB 19 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1940, to Feb 15 1942, and that I last saw h.e.r. alive on Feb 15 1942.

Immediate cause of death: Broncho-pneumonia — Duration 2/12/42
Due to Fracture R Hip — 1/16/42
Due to Hypertension Cardio-vascular Disease — ?
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/15/42
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home (Specify type of place) While at work? –
(e) Means of injury fall in home

23. Signature C P Rostkowski M. D.
Address 1376 W Lombard St Date signed 2/18/42

VS 3

F 89298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-B F 89298 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3515 Virginia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 m. 6 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3515 Virginia Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

15 W

3 (a) FULL NAME Jack T. Sands Jr. (Birth F 35371)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 11. 1941

8. AGE: Years	Months	Days	If less than one day
0	5	6	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jack T. Sands Sr
13. Birthplace Philadelphia Pa

MOTHER
14. Maiden Name Katherine Sharow
15. Birthplace Baltimore Maryland

16 (a) Informant Jack T. Sands Sr
(b) Address 3515 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director C. B. Hilpert & Son
(b) Address 1300 Eastern Ave

19 (a) Date of receipt 2-19-1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1941, to 2/17 1942
and that I last saw h/xx alive on 2/17 1942

Immediate cause of death Terminal bronchopneumonia — Duration 2 days.
Due to Congenital defect in spine & spinal cord
Due to Spina bifida - Dorsal
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry D. McCarty M.D.
Address 3 W. Preston St. Date signed 2/18/42

F 89299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 89299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Charles Apartments

(b) Street address 3333 N. Charles Street

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3333 N. Charles Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. William C. Stifler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bertha Enfield

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 14, 1872

8. AGE: Years	Months	Days	If less than one day
69	6	3	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER

12. Name William H. Stifler

13. Birthplace Md.

MOTHER

14. Maiden Name Rachel Gailey

15. Birthplace Md.

16 (a) Informant Dr. Wm. C. Stifler, Jr.

(b) Address Tudor Arms Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)

(c) Cemetery Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

19 (a) FEB 19 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1938, to Feb 17 1942, and that I last saw him alive on Feb 17 1942.

Immediate cause of death: Cerebral hemorrhage

Right hemiplegia

Due to Cerebral Arteriosclerosis

Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2-14-42
Aug 1938

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. Carmichael Tilghman M. D.

Address Cambridge Arms Apts. Date signed 2-18-42

VS 2

F. T. Johnson

F. 89300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 89300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or Institution: South Bell. Gen.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 432 Watts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tates, Robert

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9279

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mary Tates

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1911

8. AGE: Years 31 | Months | Days 3 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business St. Dominic's Ship

FATHER 12. Name Arthur Tates

13. Birthplace Md.

MOTHER 14. Maiden Name Mabel ?

15. Birthplace D. C.

16 (a) Informant Mary Tates

(b) Address 432 Watts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk. Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Vondal

(b) Address 1631 Druid Hill Ave.

19 (a) FEB 19 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17 1942 at 9.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1942 to 2-17 1942 and that I last saw h[illegible] alive on 2-17 1942.

Immediate cause of death Generalized Peritonitis

Due to Ruptured Appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Ruptured Appendix

Of autopsy

Duration
1 wk.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Manguano M.D.

Address 1213 Light Street Date signed 2-18-42

VS 3

4194479301 F 89301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V136-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6618 Pinkett (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George P. Hotsom

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-79

8. AGE: Years	Months	Days	If less than one day
63	6	17	hr. min.

9. Birthplace Maryland — (City, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Thomas Hotsom
13. Birthplace Md —

MOTHER
14. Maiden Name Josephine Thomas
15. Birthplace Md —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 6638 Reisterstown Rd.

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942 2:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to Feb 15 1942 and that I last saw deceased alive on Feb 15 1942

Immediate cause of death Uraemia

Duration 2 months

Due to Chronic urinary tract infection

Duration 23 yrs

Due to

Other Conditions Nephrectomy, Lt 1919 Healed Tuberculosis, Lt upper lobe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Arnheim
Address Johns Hopkins Hospital Date signed 2/18/42

F 89302

411502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89302

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonadu Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wm. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-87

8. AGE: Years 54 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Charles Davis

13. Birthplace Virginia

MOTHER — 14. Maiden Name Josephine Bowmus

15. Birthplace Virginia

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. B. Hoffland

(b) Address 1031 Druid Hill Ave.

19 (a) FEB 19 1942 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16, 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1942 to Feb 16 1942 and that I last saw her alive on Feb 16 1942

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 60 hrs

Due to RUPTURED BLOOD VESSEL

Due to

Other Conditions HYPERTENSION ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Dunham

Address Johns Hopkins Hospital Date signed 2/16/42

F 89303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 89303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Warner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1912

8. AGE: Years 29 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER 12. Name Edward Warner

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Blanche Carter

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Dorothy Warner

(b) Address 1720 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 19 / 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1910 Druid Hill Ave.

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 19 42, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 19 42 to Feb 18 19 42 and that I last saw h[illegible] alive on Feb 18 19 42

Immediate cause of death: Aortic insufficiency

Due to: Severe heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling

Address Provident Hospital Date signed 2/19/42

VS 3

F 89304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

F 89304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Gordon R. Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-14-0641

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/6/1914

8. AGE: Years	Months	Days	If less than one day
28	—	12	— hr. — min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Time Keeper

11. Industry or business Md. Dry Dock Co.

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Barbara Benton
(b) Address 10 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Nat Cem.
Location Balto Md.

18 (a) Funeral director George V. Pattie Inc.
(b) Address 1736 Hoffman St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

FEB 19 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to Rupture of aneurysm of right vertebral artery	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Gardner Gault M.D. Medical Examiner.
Date signed 2/18/42

F 89305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89305 Registered No. 94 for

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Orleans (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?, 1844

8. AGE: Years	Months	Days	If less than one day
98			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace A, A, Co, Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co. Md

18 (a) Funeral director Robert E Williams
(b) Address 15-15 McCulloh St

19 (a) FEB 19 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1942 at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 2-16 1942, and that I last saw him alive on 2-16 1942.

Immediate cause of death	Duration
pulmonary edema	4 hrs
coronary occlusion	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Greif M. D.
Address Johns Hopkins Hosp Date signed

VS 3

F 89306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89306

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 775 Granby St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ?

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 775 Granby St
(If rural give location)

(e) If foreign born, how long in U. S. A.? yrs.

16

3 (a) FULL NAME Emma Jane Keller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1877

8. AGE: Years	Months	Days	If less than one day
64	6	0 90	hr. min.

9. Birthplace Anapolis Md
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Same

FATHER
12. Name Isaac W Machin
13. Birthplace England

MOTHER
14. Maiden Name Matilda Tucker
15. Birthplace Maryland

16 (a) Informant Harry M Lindsay

(b) Address 1130 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Sec 2 Square

18 (a) Funeral director Charles J Powell

(b) Address 2427 Edmondson Ave

19 (a) Date received FEB 19 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1942, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942, to Feb 17 1942, and that I last saw her alive on Feb 16 1942.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Empyema	3 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Morley Young M. D.

Address 72 Walbrook Ave Date signed Feb 19/42

F 89307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-a

F 89307 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Washington Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Washington Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John N. Fox

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary J. Fox
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): Apr. 24. 1858
8. AGE: Years 83 | Months 9 | Days 24 | If less than one day: hr. min. 3
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Team Driver
11. Industry or business: American Express Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mary J. Fox
(b) Address: 1120 Washington Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 20 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: North Ave. & Gay St.

18 (a) Funeral director: Mrs. Mrs. John W. Geupel & Son
(b) Address: 801 W. Fayette St.

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 17 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1941 to Feb 17 1942, and that I last saw him alive on Feb 14 1942.

Immediate cause of death: Carcinoma of Liver & Lung Jaundice

	Duration
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. Morley Hoag M. D.
Address: 72 W. Read. Bltf. Date signed: Feb 18

411346
F 89308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
131-BF 89308 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) (c) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Cosden (Chester Lee Cosden)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0355

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-19

8. AGE: Years 22 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Md St. Michaels, Md (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Bethlehem Steel

FATHER 12. Name John Cosden (Proctor)
13. Birthplace Md

MOTHER 14. Maiden Name Mary Tingles
15. Birthplace Md

16 (a) Informant Mr. John P. Cosden Jr.
(b) Address 615 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director WILLIAM J. TICKNER AND SONS
(b) Address North and Pa.

19 FEB 19 1942 (Date received by registrar) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17- 1942, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11- 1942 to 2-17- 1942 and that I last saw him alive on 2-17-1942.

Immediate cause of death Heart Failure — Duration 24 hrs
Due to Chronic Glomerulo nephritis — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 2/19/42

VS 2

F 89309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 89309 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Pebrel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Pebrel St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 44 +5 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Emerory Hall
13. Birthplace M.D.

MOTHER
14. Maiden Name Mary Whittington
15. Birthplace

16 (a) Informant Carrie Hall
(b) Address 1146 N. Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 130 3rd [illegible]

19 FEB 19 1942 (Date rec'd by registrar) (b) Huntington Ave, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 10 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Myocarditis, heart decomp
Mitral stenosis & insuff.
Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/18/42

VS 6

F 89310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 89310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3202 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Doukas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 1877

8. AGE: Years	Months	Days	If less than one day
64	4	19	hr. min.

9. Birthplace Sparta, Greece (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Louis Pappas
13. Birthplace Sparta Greece

MOTHER
14. Maiden Name Viola Pappas
15. Birthplace Sparta Greece

16 (a) Informant Edward J. Doukas
(b) Address 1845 E. 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 19 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location near Baltimore, Md.

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md.

19 FEB 19 1942 (b) Huntington Williams, M.D. Registrar
(Date of daily registration)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Feb 17 1942, and that I last saw her alive on Feb 17 1942.

Immediate cause of death Angina Pectoris — Duration 1 year?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Gonatas M. D.
Address 101 N. Gilmor St Date signed 2-18-42

F 89311

JM 71840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D F 89311 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern. Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Indiana. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Christ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
75	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals rec
(b) Address 4940 Eastern. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 42 (Month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Rockville Maryland

18 (a) Funeral director Martin J Conroy
(b) Address 1 Grant St

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1942 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1942 to 2-18 1942, and that I last saw h[illegible] alive on 2-18 1942

Immediate cause of death	Duration
Cerebral thrombosis	?
Due to Chronic arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-18-42

89312 ✓ F 89312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-N

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2548 Linganore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 Linganore St (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

97

3 (a) FULL NAME Cora Becker

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, widowed, or ~~divorced~~: Married

6 (b) Name of husband or wife: August Becker

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): April 9 - 1869

8. AGE: Years: 73 | Months: 11 | Days: 10 | If less than one day: _____ hr. _____ min.

9. Birthplace: ~~Germany~~ Balto. Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: _____

FATHER
12. Name: August Von Derrenten
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: August Becker
(b) Address: 2548 Linganore St. Husband

17 (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-19-42 (month) (day) (year)
(c) Cemetery or crematory: London Park Cem.
Location: Frederick Ave.

18 (a) Funeral director: John A. Peary
(b) Address: 1242 Leadenhall

19 (a) (Date received by registrar) (b) 2-20-1942 Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1942 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to Feb. 16 1942, and that I last saw her alive on Feb. 16 1942

Immediate cause of death — Duration
Chronic Myocarditis — 5 yrs +
Chronic Nephritis — 5 yrs +
Due to Arteriosclerosis — 5 yrs +

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature David Schneider M. D.
Address 1101 N. Wheeler Ave. Date signed 2-18-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89313
SS 71908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89313
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Weedon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife David

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 4, 1899

8. AGE: Years	Months	Days	If less than one day
42	8	13	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Johnson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Isabelle Boone
15. Birthplace North Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof Feb 21, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) FEB 19 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1942, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1942 to 2-17 1942, and that I last saw h alive on 2-17 1942.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K Rathbun M. D.
Address Balto. City Hosp Date signed 2-18-42

VS 3

F 89314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 89314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2810 Kennedy Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Kennedy Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard C. Preston

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-2938

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene J. Preston

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Aug 27-1895

8. AGE: Years: 46 | Months: 5 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Prudential Insurance Co

FATHER
12. Name: Benjamin Preston
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Johnson
15. Birthplace: Maryland

16 (a) Informant: Irene J. Preston
(b) Address: 2810 Kennedy av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 21-42 (month) (day) (year)

(c) Cemetery or crematory: Abington M.E.
Location: Abington Md.

18 (a) Funeral director: John H. Valentine
(b) Address: 2326 Gilson St.

19 (a) FEB 19 1942 (Date received by local registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1942 at 4:10 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1939 to Feb. 17, 1942 and that I last saw him alive on Feb. 17 1942.

Immediate cause of death: Embolism - Gangrene of Both Legs. — Duration: 6 weeks

Due to: Rheumatic Heart Disease — Duration: 20 years

Due to:

Other Conditions: Hypertension.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature: James Edmond White M.D.

Address: 5217 Harford Rd Date signed: 2/17/42 M. D.

F 89315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 89315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 N Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Frederick Borig

3 (b) If veteran, name war

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Borig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26-1861

8. AGE: Years	Months	Days	If less than one day
80	5	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Brass finisher
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Ray Butler
(b) Address 1519 N Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 20/4 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore City

18 (a) Funeral director John Albright
(b) Address 2004 Orleans St

19 (a) (Signature of City Registrar) (b) Registrar

FEB 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 18 1942, at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1942 to Feb 18 1942 and that I last saw him alive on Feb 16 19 42.

Immediate cause of death: Ch. Myocarditis.
Due to: Arteriosclerosis
Ch. Nephritis
Due to:
Other Conditions: Uremia from nephritis, Hyper Prostate
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 1 year.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J S Harding
Address 4810 Belair Rd Date signed 2/18/42 M. D.

F 89316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83

F 89316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3724 Fait Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Fait Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD CHARLES KLEIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine Klein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1867

8. AGE: Years	Months	Days	If less than one day
74	9	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Christopher Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Harbig
15. Birthplace Germany

16 (a) Informant Miss Augusta Klein
(b) Address 533 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory 1st German United Evan. Location Baltimore, Md.

18 (a) Funeral director John Ullmann
(b) Address 2028 Orleans St.

19 (a) Filed by [illegible] (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb-17- 1942., at 9:46 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942. to Feb 17 1942.
and that I last saw him alive on Feb 17 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Cerebral Hemorrhage	1 month
Due to	
Other Conditions Arteria Sclerosis	3 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 2/17/42

Registrar

89317 HEALTH DEPARTMENT—CITY OF BALTIMORE 89317

Social Sec. No 216-12-3802

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Bonaparte Ave. St. 6-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Guy Richard Hott

If U. S. Veteran specify WAR

(a) Residence: No. 812 Bonaparte Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Elizabeth Hott

6. DATE OF BIRTH (month, day, year) July 14, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31 32	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas H. Hott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cynthia Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Mary E Hott

(Address) 812 Bonaparte Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Greenmount Cemetery Date 2/20/ 1942

19. UNDERTAKER Edwin Weidefeld

(Address) 501 E 22nd St

20. FILED FEB 19 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/ 1942

22. I HEREBY CERTIFY, That I attended deceased from 2/17/42 19... to 2/17/42 19...

I last saw him alive on 2/17/ 1942. Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration of Vomitus due to Acute Alcoholism	2/17/42
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Morse M. D.

(Address) 448 N. Luzerne Ave

H.L.W. Hemmeter M.D. Coit Medical Examiner

F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

89318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2. S. Fremont Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS G. McNICHOLS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1890

8. AGE: Years	Months	Days	If less than one day
51 52	9	12	hr. min.

9. Birthplace Texas, Maryland (Town, county and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name William H. McNicholas
13. Birthplace Texas, Maryland

MOTHER
14. Maiden Name Mollie Price
15. Birthplace Texas, Maryland

16 (a) Informant Augusta McNicholas
(b) Address 2. S. Fremont Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery or crematory Balto., Natl Cem.
Location

18 (a) Funeral director
(b) Address 1 E. 22nd St.

FEB 19 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942, at 1:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 2-17-42

89319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a 89319 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Bonday Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Roche

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1926

8. AGE: Years 15 | Months 9 10 | Days 29 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Lawrence J. Roche
13. Birthplace —

MOTHER 14. Maiden Name Helen Connor
15. Birthplace Balt. Md.

16 (a) Informant Mercy Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Moreland Ave.

18 (a) Funeral director Mary M. Hirshfield
(b) Address [illegible]

19 (a) FEB 19 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 19 42 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 19 42 to Feb 17 19 42, and that I last saw h[illegible] alive on Feb 15 19 42

Immediate cause of death: Cerebral Embolii — Duration: [illegible]

Due to: Sub acute Bacterial endo Carditis — Duration: one 5 Mo

Due to:

Other Conditions: Embolii, left leg. (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tracy Spencer Jr.
Address Mercy Hosp. Date signed Feb 17 19 42 M D

VS 3

F 89320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 89320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N. Streeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK, BROWN. (Birth Register)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/42

8. AGE: Years | Months: 1 | Days: Weeks | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) 7058 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st. 1942, at 7:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobular.
Due to: Acetanilid poisoning
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollaeger M.D. Asst Medical Examiner.
Date signed 2-2-42

F 89321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 89321 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3 (a) FULL NAME Baby Collins (Birth F-43044)

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1942

8. AGE: Years - Months - Days 19 If less than one day hr. min.

9. Birthplace Johns Hopkins Hospital (Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER
12. Name Frederick Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Bond
15. Birthplace Maryland

16 (a) Informant Anna Collins
(b) Address Sykesville, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1942
Location Cemetery

18 (a) Funeral director Per H. M. Boyle
(b) Address

19 FEB 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

7055

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1942 at 6:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1942, to Feb. 12 1942, and that I last saw her alive on Feb. 12 1942

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 2/16/42

F 89322
41 3 46

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 89322
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Callow Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Cullen (Birth F- 44064)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-11-42
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Arthur Cullen
13. Birthplace Md
MOTHER 14. Maiden Name Catherine Richardson
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery JOHNS HOPKINS FRENCH SCHOOL FEB 19 1942
Location Commissioner of Health
18 (a) Funeral director Per H. A. Warfield
(b) Address
19 (a) FEB 19 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)
9705

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1942 at 1:00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 13 1942 and that I last saw him alive on Feb 13 1942

Immediate cause of death: Prematurity — Duration 40 hours
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Roy Pollard
Address J. H. H. Date signed 2-14-42 M. D.

VS 3

F 89323 ✓ × F 89323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Elkton (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Waters St. (If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3 (a) FULL NAME Baby Jennings (Birth F-44070)

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb.11.1942

8. AGE: Years	Months	Days	If less than one day
-	-	1	_____ hr. _____ min.

9. Birthplace Johns Hopkins Hospital (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Vivian Jennings
15. Birthplace Delaware

16 (a) Informant Vivian Jennings
(b) Address 134 Waters St. Elkton, Md.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address _____

19 (a) FEB 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
7053

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 19 42, at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.12 19 42, to Feb.12 19 42 and that I last saw him alive on Feb.12 19 42

Immediate cause of death Intracranial Hemorrhage — Duration _____

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 2/16/42

F 89324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157 F 89324 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 E. North Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Joseph Sackett 3rd (Birth F 33225)

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5. 1941

8. AGE: Years	Months	Days	If less than one day
	6	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Augustus Joseph Sackett
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Katherine A Donaldson
15. Birthplace Baltimore Md

16 (a) Informant Augustus Joseph Sackett 2nd
(b) Address 706 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Rd.

18 (a) Funeral director Edgar W. Griffin & Son
(b) Address 924 E. Eager St.

19 (a) 10 9 42 (Date received by Registrar) (b) Huntington W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1942 to 2/18 1942 and that I last saw h alive on 2/18 1942.

Immediate cause of death: Heart failure — Duration 1 hour
Due to: Congenital Heart disease (patent ductus arteriosus)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy see above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jeffrey S. Blum M.D.
Address 806 E. Preston St Date signed 2/18/42

VS 3

F 89325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 89325
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Un. Mem. Hosp
(c) Hospital or institution: Calvert 3 3rd fl S

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 N Calvert Balto
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Murray Maccubbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Henry Sutro Maccubbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1865

8. AGE: Years	Months	Days	If less than one day
76	5	16	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William James Murray
13. Birthplace ?

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Ireland

16 (a) Informant Mrs M Graff
(b) Address 325 W Monte Gv. Magnolia

17 (a) Burial (b) Date thereof 2/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. C. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 19 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18-42 1942, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1942, to 2-18 1942, and that I last saw her alive on 2-18 1942.

Immediate cause of death	Duration
adynamic ileus	
Due to ruptured appendix	72 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: appendiceal abscess

of autopsy: Exploratory laparotomy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hartt Jr. M. D.
Address Union Memorial Hosp. Date signed 2-18-42

VS 3

F 89326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 or F 89326 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Elderon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Elderon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Sidney Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-3131

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower Married

6 (b) Name of husband or wife Florence E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-1875

8. AGE: Years 66 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Master Mariner

11. Industry or business

FATHER 12. Name John Eddy

13. Birthplace Boston, Mass.

MOTHER 14. Maiden Name Cornelia Hogg

15. Birthplace England

16 (a) Informant Mr John Warner

(b) Address 4201 Elderon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt Lawn Cem

Location

18 (a) Funeral director E W Lamorgan

(b) Address 1063 W Baltimore St

19 (a) (b) Registrar

FEB 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942 at 11:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said at find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wayne Updegraff M.D. Medical Examiner

Date signed 2/18/42

F 89327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89327 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Vogel 71720

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-4440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1903

8. AGE: Years	Months	Days	If less than one day
38	5	28	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Receiving clerk

11. Industry or business

FATHER
12. Name John Vogel
13. Birthplace Maryland

MOTHER
14. Maiden Name Bernice ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Avenue

18 (a) Funeral director M. J. Hudnosky & Son
(b) Address 1808 Eastern Avenue

19 (a) FEB 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1942, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942, to Feb 17 1942, and that I last saw him alive on Feb 17 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 13 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Goodman, M. D.
Address Balto. City Hosp Date signed 2/23/42

VS 3

39328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 89328 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 E. Calvert Ste.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Maiden Choice Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Hartung

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-9931

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Alexander Hartung
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) July 28, 1874
8. AGE: Years 67 | Months 6 | Days 20 | If less than one day: hr. min. 19
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired feed waiter
11. Industry or business Miller Bros

FATHER
12. Name Adolph Hatton
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Litschhardt
15. Birthplace Germany

16 (a) Informant Anna Hartung
(b) Address 1224 Maiden Choice Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/20/42 (month) (day) (year)
(c) Cemetery Meadowridge Mem Park
Location Woodlawn Bldg.

18 (a) Funeral director Geo Lempfach
(b) Address 5340 N. Lyndhurst Rd

19 (a) (Date rec'd by registrar) FEB 19 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/42 19 , at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1942 to 12/17 1942 and that I last saw h[illegible] alive on 12/17 1942

Immediate cause of death: Cerebral thrombosis

Due to: Ruptured aneurysm of anterior cerebral artery & subarachnoid hemorrhage

Due to: Arteriosclerosis of brain

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/13/42 (Physician)

Major findings of operation:

Autopsy: Cerebral thrombosis & ruptured aneurysm of anterior cerebral artery & subarachnoid hemorrhage

Duration: 12 hrs.
Interval: 1 day
Type: Acute

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen J. Culotta, MD
Address Union Memorial Hospital Date signed 2/19/42

VS 2

F 89329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 89329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Royal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Carroll (Birth F 44464)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/9/42
8. AGE: Years Months Days If less than one day 10 days hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank M. Carroll
13. Birthplace Md

MOTHER
14. Maiden Name Ann Boyle
15. Birthplace Md

16 (a) Informant Hosp. record
(b) Address Calvert & Saratoga
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto.
18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette
19 (a) FEB 19 1942 (Date received by Registrar) (b) Registered by Washington for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/42 12 M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2/9/42 to 2/19/42 and that I last saw him alive on 2/19/42

	Duration
Immediate cause of death: Atelectasis	
Due to: Aspiration	
Due to: Prematurity	10 days
Other Conditions: Icterus neonatorum	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. M. B. Beck
Address Mercy Hospital Date signed 2/19/42

89330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 89330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 Tyson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Tyson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife Jno. Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1898

8. AGE: Years	Months	Days	If less than one day
43	5	11	hr. min.

9. Birthplace Alexandria Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Howard Bates
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Anna Ray
15. Birthplace Alexandria Va

16 (a) Informant Anna Bell Ray
(b) Address 912 Tyson St.

17 (a) Burial (b) Date thereof 2/19/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory —
Location Washington D. C.

18 (a) Funeral director Mrs. Rosa V. Holland
(b) Address 1631 Druid Hill Ave.

19 FEB 19 1942 (Signature) Arlington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1942 to Feb 18 1942 and that I last saw her alive on Feb 18 1942.

Immediate cause of death	Duration
Labor Pneumonia	Feb 11
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Pettaway M. D.

Address 817 Harrison Ave Date signed Feb 19 1942

M. D. B. 1939-0

89331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 89331

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Brantley Ave St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B Scrippen Ellis

(a) Residence: No. 1011 Brantley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Howard Ellis

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Perry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betsy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William H. Ellis

(Address) 1011 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ozeana Va Date Feb 20, 1947

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED Huntington Williams, M Registrar.

FEB 20 1947

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1947

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1942 to Feb 17, 1947

I last saw h alive on Feb 17, 1942. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Interstitial Nephritis	2
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, s

(Signed) H. E. Stewart M. D.

(Addr) 1628 Druid Lane St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 8

M. D. S. 1288-9

F 89332 HEALTH DEPARTMENT—CITY OF BALTIMORE F 89332

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Westwood Ave St. 35-1 Ward)

Registered No. 1

(If deaths occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lottie Stevens

(a) Residence: No. 1616 Westwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Stevens

6. DATE OF BIRTH (month, day, year) April 24, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co., Md

FATHER

13. NAME James Edland

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Ed. Stevens

(Address) 1616 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Date 2/20/ 1942

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1601 Druid Hill Ave.

20. FILED FEB 20 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1942 to Feb-17, 1942

I last saw h[illegible] alive on Feb 17, 1942 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

myocarditis — Date of onset 2 mos

Other contributory causes of importance:

nephritis — 2 mos

Name of operation none Date of

What test confirmed diagnosis? hystological exam of tissue Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Ed. J. Compher M. D.

(Address) 639 N. Carey St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. Answer all questions fully. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 89333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89333

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Greenway Apts
(a) Baltimore City, Maryland
(b) Street address Charles 934 E
(c) Hospital or institution:
at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles 934 E
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Maria Marshall

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Chas. A. Marshall Sr.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April-11-1858

8. AGE: Years 83 | Months 10 | Days 7 | If less than one day ... hr ... min.

9. Birthplace Norfolk-Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Peter Dilworth
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma L. Mears
15. Birthplace Virginia

16 (a) Informant C. Morgan Marshall (son)
(b) Address 3804 St Paul St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 198 W. NORTH AVENUE

19 (a) FEB 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18th 1942, at 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18th 1942 to Feb 18th 1942, and that I last saw her alive on Feb 18th 1942.

Immediate cause of death Carcinoma of breast — Duration 5 Years
Hemorrhage
Due to —
Due to —
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Whitehead M. D.
Address 1309 N. Calvert St Date signed Feb 19 1942

VS 3

F 89334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51-D

F 89334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6013 Park Heights Ave. (If rural give location)
(e) Resident of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Warren Wix
3 (b) If veteran, name war ---
3 (c) Social Security Account No. 218-01-7403
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Virginia C. Wix
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 24, 1873
8. AGE: Years 68 Months 6 Days 24 If less than one day hr. min.
9. Birthplace Chester South Carolina (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William R. Wix
13. Birthplace Chester South Carolina

MOTHER
14. Maiden Name Mary Edge
15. Birthplace Union County South Carolina

16 (a) Informant Mrs. Helen Alexander
(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 21 / 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Balto. Md.

18 (a) Funeral director M. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) (Date received) FEB 20 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 1942, at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13, 1942 to Feb. 18 1942 and that I last saw him alive on Feb. 18, 1942.

Immediate cause of death Postoperative embolus — Duration

Due to Orchidectomy

Due to Ca of Prostate with metastases

Other Conditions Arteriosclerotic hypertensive heart disease

(Include pregnancy within 3 months of death)

Date of operation Feb. 17, 1942

Major findings of operation: Patient had Ca of prostate with extensive metastases

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. A. Clifford M. D.
Address Union Memorial Hosp. Date signed 2/18/42

Lyle Huntington Md. Registrar

F 89335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 Granby St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Granby St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
(f) If yes, name country

3 (a) FULL NAME PAULINE W. HARRISON

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Willard Harrison

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1865

8. AGE: Years: 76 | Months: 4 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert L. Weise
13. Birthplace: Germany

MOTHER
14. Maiden Name: Cecelia Berthold
15. Birthplace: Germany

16 (a) Informant: Mr. Charles Weise (Brother)
(b) Address: 912 Granby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 20. 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Balto. Md

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) (Date received by Registrar) (b) Registrar

FEB 20 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 17, 1942, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerosis Cardiovascular disease — Duration: 2½ yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. L. Wallander M.D.
Asst. Medical Examiner.

Date signed: 2-17-42

F 89336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V + F 89336

52-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 (If rural give location)
(g) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MONROE B. CAVEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5255

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Gertrude Cavey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1902

8. AGE: Years	Months	Days	If less than one day
39	9	14	hr. min.

9. Birthplace Grove, Howard Co. Md (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business —

FATHER 12. Name Wm J Cavey
13. Birthplace Md

MOTHER 14. Maiden Name Carrie King
15. Birthplace Md

16 (a) Informant Wm J. Cavey.
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City

18 (a) Funeral director J.C. Higinbothom
(b) Address Ellicott City Md

19 (a) FEB 20 1942 (Date rec'd by registrar) (b) Huntington Hillman M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1942 at 1 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of left Kidney	
Due to Metastasis vertebrae, right lung & Lymph Nodes.	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation Feb 17, 1942
Major findings of operation: exploration
of autopsy: Yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 2-19-42

VS c

F 89337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89337

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto City
(b) Street address — 829 Warner St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) — 66

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County —
(c) City or town — Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 829 Warner St
(If rural give location)
(e) Citizen of foreign country? — no (Yes or No)
If yes, name country —

3 (a) FULL NAME — Nettie C Brown

3 (b) If veteran, name war — —
3 (c) Social Security Account No. — —

4. Sex — Female
5. Color or race — C
6 (a) Single, married, widowed, or divorced. — Widowed
6 (b) Name of husband or wife — Dead
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) — Feb 13 1876
8. AGE: Years — 66; Months — —; Days — 4; If less than one day — hr. — min.
9. Birthplace — Md. (Town, county, and state)
10. Usual Occupation — Housewife
11. Industry or business —

FATHER
12. Name — Simon Clements
13. Birthplace — Md.

MOTHER
14. Maiden Name — Mary Smith
15. Birthplace — Md.

16 (a) Informant — Walter Brown
(b) Address — 338 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — 2-20-42 (month) (day) (year)
(c) Cemetery or crematory — Mt Auburn
Location — Balto City

18 (a) Funeral director — Isaiah L. Brown & Son
(b) Address — 1016 Montgomery St

19 (Date rec'd by registrar) FEB 20 1942 — Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — Feb 17 1942, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to Feb 17 1942 and that I last saw h[illegible] alive on Feb 16 1942.

Immediate cause of death — Cerebral Hemorrhage — Duration —
Due to — Hypertention —
Due to —
Other Conditions — age
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature — Jenny C Carper M. D.
Address — 1016 E Monument St Date signed — 2-20-42

F 89338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 89338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 Saxton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Saxton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Grace

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William J Grace
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-30- 1865
8. AGE: Years 76 7m; Months 10; Days 18; If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Whitehead
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Berry
15. Birthplace Maryland

16 (a) Informant Mrs Linderman
(b) Address 1702 Sexton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20- 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Edward Toulson
(b) Address 2359 Wash Blvd

19 (a) Date received FEB 20 1942 (b) Registrar's signature for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 18. 1942 at 20m M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 16 1942 to Feby 18 1942 and that I last saw h[illegible] alive on Feby 18 1942

Immediate cause of death — Duration
apoplexy — 2 day
Due to Cardio Vascular — 1
Due to renal disease — 1
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Kirgler M. D.
Address 1470 Wash Blvd Date signed 2-19-42

F 89339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 89339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & Johns Sts

(c) Hospital or institution Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3111 N. Charles St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Annie Isabelle DeBullet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John DeBullet

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) ? 1888 ?

8. AGE: Years	Months	Days	If less than one day
54 ?			____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business own

FATHER

12. Name John Walmsley

13. Birthplace Baltimore

MOTHER

14. Maiden Name Mary Jane Redwell

15. Birthplace Baltimore

16 (a) Informant Mrs. Edith W. Hart

(b) Address Sharon, Connecticut

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1942 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Son

(b) Address McCulloh & Richard Sts.

19 (a) FEB 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1942 at 5 53 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17, 1942 to Feb 19, 1942, and that I last saw h[illegible] alive on Feb 19, 1942.

Immediate cause of death [redacted] Pneumococcus Pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerotic Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Williams F. Pearce M. D.

Address Women's Hosp. Date signed 2/19/42

V8 3

409584 F 89340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942-F

F 89340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Georgia (b) County
(c) City or town Rt 2. Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Buster Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Black

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Eula

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct-1893

8. AGE: Years 48 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Georgia (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Smith Mathews
13. Birthplace Georgia

MOTHER
14. Maiden Name Josie Simpson
15. Birthplace Georgia

16 (a) Informant Patient
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-42 (month) (day) (year)
(c) Cemetery or crematory Thompson Ga
Location Thompson Ga

18 (a) Funeral director Henry D Mitchell & Son
(b) Address 1900 Eastern Ave

FEB 20 1942

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11-1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-1942 to 2-11-1942 and that I last saw alive on 2-11-1942.

Immediate cause of death: Myasthenia gravis — Duration 2 years

Due to

Due to

Other Conditions: Tumor of mediastinum C. metastasis to left pleura
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert G Austrian

Address Johns Hopkins Hospital Date signed 2/13/42

VS 1

F 89341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No.

F 89341

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~W.~~ Fayette St.
(c) ~~Hospital~~ or institution:
Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ####
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2928 Arunah Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Alice A. Dawkins

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife George W. Dawkins

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1895

8. AGE: Years 46 Months 2 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace A.A.Co. Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Franklin Dixon
13. Birthplace A.A.Co. Md.

MOTHER
14. Maiden Name Kate Hardesty
15. Birthplace Md.

16 (a) Informant George W. Dawkins
(b) Address 2928 Arunah Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvd. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 FEB 20 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1942, at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1942, to Feb. 18 1942, and that I last saw h.e.c. alive on Feb. 18 1942.

Immediate cause of death
Cerebral accident
Due to
Cardio-vascular Heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian F. Rechter M. D.
Address Bon Secours Date signed 2/18/42

VS 3

F 89342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 89342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entirely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Rosedale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Rosedale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Clubb

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-10-8542

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Josephine Clubb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1872

8. AGE: Years	Months	Days	If less than one day
69	5	14	hr. min.

9. Birthplace Ohio (Town, county and state)
10. Usual Occupation Watchman
11. Industry or business Mercantile Patrol

FATHER
12. Name (Unknown) Clubb
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Brown
15. Birthplace

16 (a) Informant Mrs Josephine Clubb
(b) Address 1623 Rosedale St

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 20 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Feb 18 1942, and that I last saw him alive on Feb 18 1942.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Carcinoma of Lung	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Hughstein M. D.
Address 888 W. Lombard St Date signed 2-19-42

VS 3

F 89343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89343 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Holbrook St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Bogy

3 (b) If veteran, name war (W)

3 (c) Social Security Account No. 212-14-2245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Elizabeth Bogy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30th 1861

8. AGE: Years	Months	Days	If less than one day
80	2	19	hr. min.

9. Birthplace St Marys Co, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Machinist

FATHER
12. Name Felix Bogy
13. Birthplace Md.

MOTHER
14. Maiden Name Anna (Makarun)
15. Birthplace Md.

16 (a) Informant Elizabeth Bogy
(b) Address 1626 Holbrook St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 527 St. Paul St

19 (a) FEB 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 19 1942 and that I last saw him alive on Feb 14 1942

Immediate cause of death Arteriosclerotic Pseudo-Uremia
Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Bloom M. D.
Address 1206 E. Preston St Date signed 2/19/42

VS 3

F 89344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 Pontiac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Pontiac St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Fredericks

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Infant
6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1941

8. AGE: Years —; Months 2; Days 16; If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Fredericks
13. Birthplace Maryland

MOTHER
14. Maiden Name Alma Floyd
15. Birthplace Maryland

16 (a) Informant Mrs Alma Fredericks
(b) Address 100 Pontiac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 Ft. Ave.

19 (a) FEB 20 (Date received by Registrar) (b) 1942 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1942 at 3 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/1942 to 2/19/1942, and that I last saw her alive on 2/18/1942.

Immediate cause of death	Duration
Acute broncho-pneumonia (primary)	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deiter M. D.
Address 1226 Hanover St. Date signed 2/19/42

VS 8

F 89345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 Registered No. F 89345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution: South Baltimore Gen.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 Broadway Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carnes, Frances

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: ~~Widowed~~

6 (b) Name of husband or ~~wife~~ Patrick J. Carnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1885

8. AGE: Years 55 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Samuel Simpson
13. Birthplace England

MOTHER
14. Maiden Name Mary Henry
15. Birthplace England

16 (a) Informant Arthur Carnes
(b) Address 253 Broadway Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Hurst
Location Balto Co. Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave.

19 FEB 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1942, to 2/18 1942 and that I last saw h PT alive on 2/18 1942.

Immediate cause of death: Adenocarcinoma of uterus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: adenocarcinoma of uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hank A. Mengarini M. D.
Address 1213 - Light Street Date signed 2-20-42

VS 3

F 89346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89346 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 S. Chester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years naturalized

3 (a) FULL NAME Anthony Malanowski

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rozalia Malanowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1882

8. AGE: Years	Months	Days	If less than one day
59	9	8	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Shoe Mender
11. Industry or business self

FATHER
12. Name Thomas Malanowski
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Hirkewska
15. Birthplace Poland

16 (a) Informant Mrs Rozalia Malanowski
(b) Address 234 S. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Weber
(b) Address 402 S. Chester Street

19 (d) FEB 20 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942 to Feb 18 1942 and that I last saw h[illegible] alive on Feb 18 1942.

Immediate cause of death Coronary Thrombosis — Duration 7 hrs.
Due to
Due to
Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo L. Kubach M.D.
Address 1261 Eastern Ave Date signed Feb 19/42

VS 3

F 89347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 89347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on typewriter or with indelible pencil. Do not use ditto marks. If information is unknown or not applicable, write none. Be sure to answer each question. Do not leave any blanks. If the deceased was a child or not married, the word "single" should be used. If married, widowed, or divorced, the word "married," "widowed," or "divorced" should be used. Give the usual occupation even if retired. Write clearly with pen and ink. Use only standard abbreviations. Do not abbreviate the names of cities or towns. Make entries in all spaces. Be sure to give the number of the house, street, or avenue. Physicians: please write the causes of death clearly and legibly. Be sure to fill in the items relating to accidental deaths, suicides, and homicides. Be sure to sign your name as informant. Be sure to fill in the date of burial, cremation, or removal. Be sure to sign your name as undertaker. Be sure to fill in the date of filing. Be sure to sign your name as registrar. Be sure to fill in the date of registration. Be sure to sign your name as physician. Be sure to fill in the date of certification. Be sure to sign your name as coroner. Be sure to fill in the date of inquest. Be sure to sign your name as medical examiner. Be sure to fill in the date of autopsy. Be sure to sign your name as pathologist. Be sure to fill in the date of report. Be sure to sign your name as chief medical examiner. Be sure to fill in the date of transmittal. Be sure to sign your name as state registrar. Be sure to fill in the date of receipt. Be sure to sign your name as local registrar. Be sure to fill in the date of issuance. Be sure to sign your name as issuing officer. Be sure to fill in the date of delivery. Be sure to sign your name as delivering officer. Be sure to fill in the date of acceptance. Be sure to sign your name as receiving officer. Be sure to fill in the date of rejection. Be sure to sign your name as rejecting officer. Be sure to fill in the date of correction. Be sure to sign your name as correcting officer. Be sure to fill in the date of amendment. Be sure to sign your name as amending officer. Be sure to fill in the date of cancellation. Be sure to sign your name as cancelling officer. Be sure to fill in the date of reinstatement. Be sure to sign your name as reinstating officer. Be sure to fill in the date of transfer. Be sure to sign your name as transferring officer. Be sure to fill in the date of receipt. Be sure to sign your name as receiving officer. Be sure to fill in the date of delivery. Be sure to sign your name as delivering officer. Be sure to fill in the date of acceptance. Be sure to sign your name as accepting officer. Be sure to fill in the date of rejection. Be sure to sign your name as rejecting officer. Be sure to fill in the date of correction. Be sure to sign your name as correcting officer. Be sure to fill in the date of amendment. Be sure to sign your name as amending officer. Be sure to fill in the date of cancellation. Be sure to sign your name as cancelling officer. Be sure to fill in the date of reinstatement. Be sure to sign your name as reinstating officer. Be sure to fill in the date of transfer. Be sure to sign your name as transferring officer.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Ochs (Birth F-33602)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F.M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 1941

8. AGE: Years | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Herbert B. Ochs
13. Birthplace Va.

MOTHER 14. Maiden Name Nellie R.V. Rickards
15. Birthplace Md

16 (a) Informant Mrs Nellie R.V. Ochs
(b) Address 920 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Frederick Md.

18 (a) Funeral director Wm M Marack
(b) Address 715 Light St

19 (Date rec'd by registrar) FEB 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19 1942, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 2/19 1942, and that I last saw h alive on 2/19 1942.

Immediate cause of death: Pneumonia, Lobar (Bilateral apical)

Due to: probably tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Several weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W Stein, M.D.
Address South Baltimore Gen Hosp Date signed 2/19/42

VS 2

F 89348

SS 71522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G3-D

F 89348

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Schurler Carter

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 26, 1873

8. AGE: Years 69 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Unemployed

FATHER
12. Name John
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Lee
15. Birthplace Virginia

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-42 (month) (day) (year)
(c) Cemetery or crematory Leesburg, Va
Location [redacted]

18 (a) Funeral director Lloyd A. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar
FEB 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18 1942 at 4 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1942 to 2-18 1942 and that I last saw h[illegible] alive on 2-18 1942.

Immediate cause of death
Uremia
Due to Hypertension C.V. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

Duration
2 weeks
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-19-42

F 89349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 93-VE 89349

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 S. KENWOOD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 S. KENWOOD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN RANDALL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 218-09-4412

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife JULIA RANDALL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 26 1871

8. AGE: Years	Months	Days	If less than one day
70	10 11	23 21	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business BARTLET & HAYWARD CO.

FATHER
12. Name HENRY RANDALL
13. Birthplace ENGLAND

MOTHER
14. Maiden Name KATHERINE SMITH
15. Birthplace IRELAND

16 (a) Informant MILDRED SCHWARTZ
(b) Address 1607 N. DURHAM ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 21/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL CEM.
Location EDMONDSON AVE.

18 (a) Funeral director Sally L. Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 FEB 20 1942 (b) Huntington Will Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 17 19 42. 2/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 19 42, to Feb 17 19 42, and that I last saw h[illegible] alive on Feb 15 19 42.

Immediate cause of death: Arteriosclerotic C.V. Disease
Due to: Chr. Myocarditis
Due to: Intramural Infarct
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: Partial

Duration	
Feb 4/42	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 942 S. Eastern Date signed 2-19-42

F 89350 JN 71672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Penn Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Cornelious Merrick

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie
6 (c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): August ? 1885
8. AGE: Years 56 Months 57 Days 4 6 If less than one day: ? hr. min.
9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business:

FATHER
12. Name: Frank
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Nancy ?
15. Birthplace: North Carolina

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 2312 N. Calvert St
19 FEB 20 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17 1941 at 2:55 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1941 to 2-17 1941 and that I last saw him alive on 2-17 1941.

Immediate cause of death
Malnutrition — ? Duration
Decubitus Ulcers — ?
Due to
Spastic Hemiplegia et — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Donald Poretsky M. D.
Address Poretsky City Hosp Date signed 2-17-41

F 89351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89351 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3242 Kingsley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (County)
(c) City or Town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3242 Kingsley St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Wiebor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph A. Wiebor
6 (c) If alive, give age —, years

7. Birth date of deceased (mo., day, yr.) July 24, 1870

8. AGE: Years 71 | Months 6 | Days 2322 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry Bauges
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Lenkeuers
15. Birthplace Baltimore Maryland

16 (a) Informant Cecilia Wiebor
(b) Address 3242 Kingsley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City

18 (a) Funeral director C. F. B. Keppler & Son
(b) Address 1300 Eutaw Place

19 (Date received) FEB 20 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942, at 5:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1937 to Feb 16 1942 and that I last saw h.er alive on Feb 16 1942

Immediate cause of death
Hypostatic Pneumonia
Due to Pneumonia
Due to Hypertension & Arteriosclerosis
Due to Cardiac Decompensation
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
If autopsy:

Duration
3 days
2 yrs
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W Johnson M.D.
Address 3432 Druid Hill Ave Date signed 2/19/42

VS 2

F 89352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 89352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Forrest St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
John Gann

3 (b) If veteran, name war	3 (c) Social Security Account No.
Yes 1st. W.W.	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emily
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1860

8. AGE: Years	Months	Days	If less than one day
81	4	12	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Gann
13. Birthplace Unknown

MOTHER
14. Maiden Name Jane Moore
15. Birthplace Unknown

16 (a) Informant Balto. City Hospt. records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore St.

19 Filed FEB 20 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1942, at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1942, to 2-19 1942, and that I last saw him alive on 2-19 1942.

Immediate cause of death	Duration
Broncho-Pneumonia	3 days
Arteriosclerosis Prior	to Adm.
Due to Cardio Vascular Dis. "	" "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Schmuck Jr.
Address Balto. City Hosp. Date signed 2/19/42

VS 3

F 89253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89353

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Ailsa Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Ailsa Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-1941

8. AGE: Years	Months	Days	If less than one day
	4	19	hr. min.

9. Birthplace Detroit Mich.
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name James E Thompson
13. Birthplace Penn

MOTHER
14. Maiden Name Geraldine Tafoya
15. Birthplace Detroit

16 (a) Informant James E Thompson
(b) Address 2701 Ailsa ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Ruck
(b) Address 5305 Harford Rd

19 (a) FEB 20 1942 (Date received by local registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1942, at 9.25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Broncho-pneumonia
Due to
Due to
Other Conditions Thymus - hypertrophy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 2-19-42

F 89354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 89354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 S milton ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write rural, and give town)
(d) Street No. 705 S milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Hoover

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	married

6 (b) Name of husband or wife Wm R Hoover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) april 5 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	10	17		

9. Birthplace Balto Md (town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Williams Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Rinn
15. Birthplace

16 (a) Informant Wm Hoover
(b) Address 705 S milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) FEB 20 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1942 to 2-17 1942.
and that I last saw her alive on 2-17-42 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 Hrs
Due to Arteri-Sclerosis	
Due to	
Other Conditions None other	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O L Long
Address 415 Southway Date signed 2-19-42

VS 3

F 89355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 1a

Registered No. F 89355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY GARUFI

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2909

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3rd 1881

8. AGE: Years	Months	Days	If less than one day
60	6	13	hr. min.

9. Birthplace Fiumedinisi Messina (Italy
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Giuseppe Garufi
13. Birthplace Italy

MOTHER
14. Maiden Name Antonina Parisi
15. Birthplace Italy

16 (a) Informant Gaetano Cascio (Friend)
(b) Address 3215 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) FEB 23 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1942 at 7 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gas gangrene — Duration

Due to: Fracture, compound left tibia & fibula

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation 2-19-42

Major findings of operation: no abnormal

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: 2nd 10

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Feb 17th, 11 a.m. 6 30 P.M

(c) Where did injury occur? monument near Bullen St, (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No
(Specify type of place)

(e) Means of injury pedestrian struck by street car

23. Signature Dr L. Wollenweber M.D.
Medical Examiner

Date signed 2-20-42

VS 6

F 89356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F

Registered No. F 89356

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 Lemmon Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	divorced

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Staff
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 20 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to Feb 17 1942 and that I last saw h/was alive on Feb 17 1942

Immediate cause of death: Cardiac decompensation — Duration

Due to acute insufficiency

Due to Lues

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Stevens
Address Mercy Hosp. Date signed 2/17/42 M. D.

VS 2

7057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 89357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 549 Woodbourne Road
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ben James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Pa? (Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER
12. Name Ben James
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Winter
15. Birthplace Pa

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 20 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Paul A. Moore

19 FEB 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

1058

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/12 1942, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1941 to 2/12 1942, and that I last saw h[illegible] alive on 2/12 1942

Immediate cause of death: Peritonitis
Due to: Carcinoma of cecum
Due to: Perforation of Carcinoma
Other Conditions

Duration
6 wks.
1 wk.

(Include pregnancy within 3 months of death)
Date of operation 12/24/42
Major findings of operation: None.
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Cunningham M. D.
Address University Hosp. Date signed 2-18-42

F 89258

BALTIMORE CITY HEALTH DEPARTMENT 176 F 89358
Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 919 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS RICE (Ryś)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2029

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Olga
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1914

8. AGE: Years	Months	Days	If less than one day
27	6	13	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Grain field business
11. Industry or business

FATHER
12. Name Casper Ryś
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Gonia
15. Birthplace Poland

16 (a) Informant Olga Rice
(b) Address 919 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'donnell St.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) Filed FEB 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1942 at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Strangulation by pulley rope line
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 19, 1942 at 4 P.M.
(c) Where did injury occur? 2121 Aliceanna St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury clothes caught in pulley

23. Signature H. L. Wallenmeier M.D. Coroner Medical Examiner.
Date signed 2-20-42

machine shaft fire + pulled him in

VS 6

E 89359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. E 89359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Washington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothea Wendelken

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1855

8. AGE: Years	Months	Days	If less than one day
86	5	43	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Nicholas Shaedel
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Madeline Michel
(b) Address 218 N. Washington St.

17 (a) burial (b) Date thereof 2/23/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address Howard & Fayette Sts.

19 (a) FEB 20 1942 Huntington Williams, M.D.
(b) Date received Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1941, to Feb 19 1942, and that I last saw him alive on 2-19 1942

Immediate cause of death — Uraemia Interval

Due to Pernicious Anaemia 2 Yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 Yr 1 Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Cleveland MD
Address 2530 Eutaw Place Date signed 2-24-42

VS 3

F 89360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 89360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4546 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4546 Keswick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Barnhill Rehbein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Henry Rehbein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1861

8. AGE: Years	Months	Days	If less than one day
80	+ 3		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Andrew H Barnhill
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Monroe
15. Birthplace Scotlandd

16 (a) Informant Mrs Elizabeth Danneberg
(b) Address 4546 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb21/42 (month) (day) (year)
(c) Cemetery or crematory Faith Presbtn Cemetery
Location Gay & Brdwy Balto Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) FEB 21 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18/42 19 , at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1942 to Feb. 18 1942 and that I last saw h.r alive on Feb 18 1942

Immediate cause of death Lobar Pneumonia — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fracture Left hip
(b) Date of occurrence Jan. 28 at 11 P. M.
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped on rug

23. Signature Carl A Peterson, M.D.
Address 5111 York Rd Date signed Feb. 19. 1942 M. D.

VS 3

F 89361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-a

F 89361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 W. West St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W. West St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Schaefer

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Herman G. Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1869

8. AGE: Years	Months	Days	If less than one day
72	5	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Duties
11. Industry or business

FATHER 12. Name Christian Nazarenus
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Schlag.
15. Birthplace Md.

16 (a) Informant George Schaefer
(b) Address 607 W. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23. 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mrs. John W. Teufel Son
(b) Address 801 W. Fayette St

19 (a) FEB 21 1942 (b) Huntington Williams M.D.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942, at 11 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1941, to Feb 19 1942, and that I last saw her alive on Feb 18 1942.

Immediate cause of death
Asthenia — Duration 2 hs
Due to Pneumococcus Anemia — Duration Indef.
Due to pernicious anemia
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Campbell M. D.
Address 446 Hanover Date signed 2/19/42

VS 2

PLEASE WRITE PLAINLY with unfading ink. Either typewriting or lead pencil may be used. Information should be entered as completely as possible. Items of information should be entered as correctly as possible. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

89362 71592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 89362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 S. Bradford St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Poznaniak 71592

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1911

8. AGE: Years	Months	Days	If less than one day
30	2	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Martin
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Av.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave.

18 (a) Funeral director John J. Syda
(b) Address 2829 Hudson st

19 (a) FEB 21 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 19 42 at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1942, to Feb 20 19 42, and that I last saw him alive on Feb. 20 19 42.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 2-20-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

89363 Kujawa - Krause

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 164-E F 89363

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S. Potomac St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frank Kujawa -- Krause

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-0351

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Kujawa
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Josephine Kujawa
(b) Address 703 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Avenue

18 (a) Funeral director John J. Duda
(b) Address 2029 Hudson St

19 (a) FEB 21 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18- 19 42 at 9.20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Ruptured Heart - Traumatic	
Due to	
Due to Crushed Chest	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-18-42 at 8:35 P.M
(c) Where did injury occur? Crown Cork & Seal Co Inc. Eastern Ave. & Kresson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place (Specify type of place) While at work? Yes
(e) Means of injury Climbed out window.

23. Signature Dr Howard J. Maldeis, Pen M.D. Medical Examiner.
Date signed 2-20-42

VS 6

89364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 89364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 Forrest View Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Forrest View Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Capt. Hollis Robert Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucy M. Brown
6 (c) If alive, give age; if dead, years

7. Birth date of deceased (mo., day, yr.) July 26th. 1874

8. AGE: Years	Months	Days	If less than one day
67	6	24	hr. min.

9. Birthplace Williamsburg, Maryland
(Town, county, and state)
10. Usual Occupation Garage Owner
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Wright
15. Birthplace Maryland

16 (a) Informant Mrs. Lucy M. Brown
(b) Address 4400 Forrest View Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Forsaith Funeral Home
(b) Address 7401 Belair Road

19 (a) FEB 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20th. 1942 at 12.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1942 to 2/20 1942 and that I last saw him alive on 2/20 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Battaglia M. D.
Address 5829 Belair Rd Date signed 2/21/42

VS 3

F 89365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. F 89365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Robert B. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-18-1875

8. AGE: Years 67 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER 12. Name Jack Holmes
13. Birthplace Va;

MOTHER 14. Maiden Name Frances Bailey
15. Birthplace Va.

16 (a) Informant Robert B. Hall
(b) Address 2105 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Filed by [illegible] (b) Huntington Williams, M.D.
FEB 21 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942 at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Feb. 19 1942 and that I last saw [illegible] alive on Feb. 17 1942

Immediate cause of death Cerebral Hemorrhage — Duration 3 weeks
Due to Malignant Hyper-tension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Hackney
Address Arundel Hosp. Date signed 2/24/42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 89366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 N. Collington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57-6-22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County None
(c) City or town Baltimore, City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 N. Collington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Wilhelmina D. Sittner

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex FEMALE

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Stephen K. Sittner

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 28, 1884

8. AGE: Years 57 **Months** 6 **Days** 22 **If less than one day** ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Stephen K. Sittner
(b) Address 1917 N. Collington Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2-23-1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location E. North Avenue & Rose St

18 (a) Funeral director Albert L. Nill Jr.
(b) Address 1606 N. Chester Street

19 (a) FEB 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942, to Feb 20 1942, and that I last saw h[illegible] alive on Feb 19 1942.

Immediate cause of death Valvular Heart disease — **Duration** 10 yrs.

Due to ____

Due to ____

Other Conditions Epilepsy — 15 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Carol Fisher M. D.

Address 1823 N. Broadway **Date signed** 2/20/42

89367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. 89367

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Soldier Ft G Meade
(a) State Md (b) County
(c) City or town Pittsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Aisquith St. N. Side (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas E. Broadus (Broadus)

3 (b) If veteran, name war Inc

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Estelle Broadus

6 (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) July 24, 1916

8. AGE:	Years	Months	Days	If less than one day
N	25	6	8	hr. min.

9. Birthplace Jackson, Ga. (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business United States Army

FATHER
12. Name John Broadus
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Service Record
(b) Address Ft. Geo. G. Meade, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-42 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cemetery
Location Sharpsburg, Pennsylvania

18 (a) Funeral director W. R. Selby
(b) Address 401 Washington Blvd., Laurel, Md.

19 (a) Feb. 2, 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1942 at 1:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Gunshot wound of liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide (Justifiable?)
(b) Date of occurrence 2-1-42 at 1:15 A.M
(c) Where did injury occur? Penna. Ave. & Pitcher St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Gunshot fired by police officer

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 2-1-42

F 89368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 89368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr William C. Beck

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carrie Beck
6 (c) If alive, give age ~~[illegible]~~ years

7. Birth date of deceased (mo., day, yr.) March 10, 1876

8. AGE: Years 65 | Months 11 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation City Laborer
11. Industry or business

FATHER
12. Name David Beck
13. Birthplace Maryland

MOTHER
14. Maiden Name Lilly Bowen
15. Birthplace Maryland

16 (a) Informant Carrie Beck
(b) Address 1422 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Asbury M. E., Reisterstown
Location Reisterstown, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 (a) FEB 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Address Church Home & Infirmary

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1942 to Feb 20 1942, and that I last saw him alive on Feb 20 1942.

Immediate cause of death: Acute Heart Failure — Duration: 1 day
Due to: Arteriosclerotic Cardio-Vascular Dis — Duration: 2 yrs
Due to: Hypertrophied Arteriosclerosis
Other Conditions: Inguinal Hernia Hydrocele - left
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Fuller Jr M. D.
Address Church Home & Infirmary Date signed 2-20-42

F 89369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 89369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Wesley Hewitt

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Hewitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 1887

8. AGE: Years	Months	Days	If less than one day
55	1	3	hr. min.

9. Birthplace Port Republic, New Jersey (Town, county, and state)
10. Usual Occupation Service Station Operator
11. Industry or business Filling Station

FATHER
12. Name Mr. James A. Hewitt
13. Birthplace Port Republic, N. J.

MOTHER
14. Maiden Name Anna Chew
15. Birthplace Unknown

16 (a) Informant Mrs. Sarah Hewitt
(b) Address 2003 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North and Pa.

19 (a) FEB 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 42 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 19 42 to Feb 20 19 42 and that I last saw h alive on Feb 20 19 42

Immediate cause of death: Coronary Thrombosis — Duration: 5 days
Due to: Arteriosclerotic Cardiovascular Disease — ?
Due to:
Other Conditions: Pulmonary Tuberculosis - fibroid — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. S. Hartz
Address University Hosp. Date signed 2/21 19 42

VS 3

F 89370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89370

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 Argonne Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Argonne Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN MAE WILLIS

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Geo. C. Willis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1894

8. AGE: Years	Months	Days	If less than one day
47	8	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo. T. Adams
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Annie B. Wills
15. Birthplace Balto. Md.

16 (a) Informant Mrs. May E. Trescott
(b) Address 1403 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Balto. Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) FEB 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1942, at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1941 to Feb. 20, 1942 and that I last saw her alive on Feb. 19, 1942.

Immediate cause of death Pulmonary edema occurring in an advanced case of metastatic carcinoma of the

Due to lung. Left breast removed for carcinoma of the lung in 1933.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eleanor B Freeman M. D.
Address 807 Cathedral St, Date signed 2/20/42

F 89371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P

Registered No. E 89371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1162 Cleveland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1162 Cleveland St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie E. Smoot

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-6438

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George W.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1-9-1882

8. AGE: Years 60 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Food Fair

FATHER
12. Name Walter A. Graves
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary - DeHoff
15. Birthplace Unknown

16 (a) Informant Walter A. Smoot
(b) Address 725 S. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director F. Vernon Kaelin
(b) Address 2301 Edmondson Ave.

19 (a) FEB 21 1942 (Date received by Registrar) (b) Hunting for Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1942, at 7 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941 to Feb 20 1942 and that I last saw h[illegible] alive on Feb 20 1942.

Immediate cause of death: Cardiac Dropsy — Duration 3 Mo's
Due to: Mitral regurgitation
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Richard D. Graves M. D.
Address 1162 Cleveland St. Date signed 2-23-42

F 89372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H Registered No.

F 89372

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN J. KENNEDY JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 241-18-2976

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Viola M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15 1904

8. AGE: Years 37 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace New York City (Town, county and state)

10. Usual Occupation Stock Clerk

11. Industry or business Dawson Chemical Co.

FATHER
12. Name John J Kennedy
13. Birthplace N.Y. City

MOTHER
14. Maiden Name Mariel C O'Brien
15. Birthplace N.Y. City

16 (a) Informant Mrs Viola M Kennedy
(b) Address 2517 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville Balto Co.

18 (a) Funeral director W M Cook
(b) Address 1217 St Paul St

19 (Date received by registrar) FEB 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Carbon monoxide poisoning	
Due to: Suicide	
Due to: mental depression	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-19-42 at 11 M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gunshot wound of head self inflicted

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 2-20-42

VS 6

F 89373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 89373
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 272 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Butler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1892

8. AGE: Years	Months	Days	If less than one day
49 49	8	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clay Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie?
15. Birthplace Md

16 (a) Informant Mildred Mothers
(b) Address Patapsco Ave, Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Bylon & Francis K. Wright
(b) Address 721 Cleveland St

19 FEB 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18-1942, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Gangrene, left leg

Due to: Generalized atherosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: two

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-19-42

VS 6

F 89374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 89374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4306 Arabia Ave.
(c) Hospital or institution: Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4306 Arabia ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Patrick Turner

3 (b) If veteran, name war: Spanish Amer.

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife: Oletia Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1877

8. AGE: Years	Months	Days	If less than one day
64	11	2	hr. min.

9. Birthplace Phila, Pa
(Town, county, and state)

10. Usual Occupation Iron worker

11. Industry or business

FATHER
12. Name Charles Turner
13. Birthplace Pa.

MOTHER
14. Maiden Name unknown
15. Birthplace — Ella

16 (a) Informant Mrs Ella Lemon
(b) Address 4306 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Aves

18 (a) Funeral director Howard W. Bright Jr.
(b) Address 4914 Belair Road

19 (a) FEB 21 1942 Huntington Williams, M.D.
Date of death

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1942, at 8:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1941, to Feb. 19 1942 and that I last saw him alive on Feb. 16 1942

Immediate cause of death: Coronary occlusion — Duration

Due to: arteriosclerosis

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Sharon Drive Date signed 2/20/42

F 89375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89375

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1841 N. Chapel St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1841 N. Chapel St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Strube

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob Strube

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	14	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Herman Frederic

13. Birthplace Germany

MOTHER 14. Maiden Name not known

15. Birthplace Germany

16 (a) Informant Mrs. Anna Missel

(b) Address 1841 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffman

(b) Address 1639 N. Broadway

19 (a) FEB 21 1942 (Registrar) Registrar

Clarence J. Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/42 19 , at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to Feb. 19 1942, and that I last saw h[er] alive on Feb. 19, 1942.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs
Due to Diabetic Mellitus	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel B. Wolfe M. D.

Address 731 E. North Ave Date signed 2-21-42

F 89376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 89376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 S. Charles St.
(c) Hospital or institution —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1710 S. Charles St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Edward S. Hunt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Alice A. Hunt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 14, 1853

8. AGE: Years	Months	Days	If less than one day
88	11	8	hr. min.

9. Birthplace St. Michaels, Md. (Town, county, and state)
10. Usual Occupation Retired Oysterman Retail
11. Industry or business Oyster Business (Selling)

FATHER
12. Name Peter D. Hunt
13. Birthplace St. Md.

MOTHER
14. Maiden Name Ann H. Turner
15. Birthplace Md.

16 (a) Informant Mrs. Elva E. Mudd
(b) Address 1710 S. Charles St. (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Olivet Cemetery
Location St. Michaels, Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400-02 S. Charles St.

19 (a) FEB 21 1942 (Date rec'd by City Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 to Feb 19 1942, and that I last saw him alive on Feb 18 1942.

Immediate cause of death	Duration
Exhaustion	2 hr.
Due to Arteriosclerosis	Indef.
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. C. Campbell M.D.
Address 644 Hanover St Date signed 2/24/42

VS 3

F 89377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Druid Hill Ave
(c) Hospital or institution: South Balto Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Race St (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Richard Kershaw (Birth F 4/1/38)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 14, 1941
8. AGE: Years | Months 2 | Days 6 | If less than one day hr. min.
9. Birthplace Balto. Md (Town, county and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William Kershaw
13. Birthplace Penn Delaware

MOTHER
14. Maiden Name Emma Oppel
15. Birthplace Balto

16 (a) Informant William E Kershaw
(b) Address 1517 Race St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem
Location
18 (a) Funeral director A Howard Evans
(b) Address 1400-02 N Charles St
19 (a) FEB 21 1942 (Date Received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Febr. 20 1942 at 2 35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 19 1942 to Febr. 20 1942 and that I last saw h[illegible] alive on Febr. 20 1942

Immediate cause of death (Carditis Jaw Trismus Acute pulmonary edema) — Duration 6 days.
Due to bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Herbert M. Stein M. D.
Address 1 E Read. Ave. Kay Date signed 2/20/42

VS 3

F 89378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 89378

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 Canal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1904

8. AGE: Years	Months	Days	If less than one day
37	9	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Frances Truitt
(b) Address 335 Canal St

17 (a) (Burial, cremation, or removal) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave

19 (a) FEB 21 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13, 1942 at 12 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of head

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2-13-42 at 12 35 M
(c) Where did injury occur? 1013 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Revolver shot wound

23. Signature H L Wollenweber MD
Medical Examiner.
Date signed Feb 20 1942

VS 6

F 89379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-a

F 89379

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Prince George, Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Jim White
13. Birthplace Md ?

MOTHER
14. Maiden Name Jane ?
15. Birthplace Md

16 (a) Informant Hazell W. Franklin
(b) Address 624 George St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (Date received by registrar) FEB 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1942 at 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 2-17-42

VS 6

F 89380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89380 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Mercy a mile S
(b) Street address 3 E of Chatham Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R. Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Albert Bailey

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1894

8. AGE: Years	Months	Days	If less than one day
47 48	2	21	hr. min.

9. Birthplace Northumberland Co. Va.
(Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER
12. Name William Dorsey
13. Birthplace Northumberland Co. Va

MOTHER
14. Maiden Name Hanna Williams
15. Birthplace Northumberland Co. Va

16 (a) Informant William Dorsey
(b) Address 2425 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brantley ave

19 (a) FEB 21 1942 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 - 1942, at 6-30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Cause of death	Duration
Immediate cause of death	
Hypertension Cardiovascular renal	3 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Woodson, M.D.
Medical Examiner.
Date signed 2-19-42

VS 6

F 89381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

F 89381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 McDonough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 McDonough St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife James Daniels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 70	—	—	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name ~~Rowe~~ unknown
15. Birthplace unknown

16 (a) Informant Helen Rowe
(b) Address 811 McDonough St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/21/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Troy Wilson
(b) Address 1000 Brantley ave

19 FEB 21 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Feb 18 1942 and that I last saw her alive on Feb 13 1942

Immediate cause of death Carcinoma Bladder — Duration June, 41

Due to over

Due to

Other Conditions Myocarditis and Senile Debilitation — June 41
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J Young
Address 424 E Monument St Date signed 2/19/42

VS 3

F 89382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89382 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 GOUGH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 GOUGH ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA PALCZYNSKA

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: MATTHEW PALCZYNSKA
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): OCT. 15-1864

8. AGE: Years	Months	Days	If less than one day
77	4	5 3	hr. min.

9. Birthplace: POLAND (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: PETER THOIS
13. Birthplace: POLAND

MOTHER
14. Maiden Name: VICTORIA GLINSKA
15. Birthplace: POLAND

16 (a) Informant: PAULINE WERMISKI (DAUGHTER)
(b) Address: 241 S.WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB.23/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY ROSARY
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly & Zeiler INC
(b) Address: 403 S.WOLFE ST.

19 (a) Date received FEB 21 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB.18 19 42: 11/15 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6, 1938 to Feb. 18, 1942, and that I last saw her alive on Feb. 18, 1942.

Immediate cause of death	Duration
Acute Myocardial Failure	2 hours
Due to Chronic Myocarditis	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Phillip Artzis M. D.
Address 2942 E. Fayette St. Date signed 2/20/42

VS 3

F 89383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4902 ARABIA AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4902 ARABIA AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA K. FUCHS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: CONRAD FUCHS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): APR. 27 1858

8. AGE: Years: 83 | Months: 9 10 | Days: 22 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: UNKOWN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: ANNA K. PRELLER
15. Birthplace: GERMANY

16 (a) Informant: JOHN G. FUCHS (SON)
(b) Address: 4902 ARABIA AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 23/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Teiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) FEB 21 1942 (Date received by Registrar) Huntington Wilson Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH FEB. 19 19 42 at 6/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937 to Feb. 19 19 42
and that I last saw her alive on Feb 18 19 42

Immediate cause of death: Uraemic Coma — Duration: 2 days
Due to: Chr. Nephritis & Chr. Arterio Sclerosis — Duration: ?
Due to:
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Isaac K. Douglas M. D.
Address: 1100 E. Baltimore St. Date signed: 2/20/42

VS 8

F 89384 JM 70981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469 F 89384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 South Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ward

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1900

8. AGE: Years 41 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation School Janitress

11. Industry or business Balto City.

FATHER
12. Name Edward Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Duffy
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals nec.
(b) Address 4940 eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd.

18 (a) Funeral director Lilly & Leiter INC.
(b) Address 1403 S. Wolfe St.

19 FEB 21 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19 1942 at 2:36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1942 to 2-19 1942, and that I last saw [illegible] alive on 2-19 1942.

Immediate cause of death: Carcinoma of Rectum — Duration 4 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Klett M. D.
Address Balto City Hosp Date signed 2-20-42

VS 2

F 89385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D F 89385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
(If rural give location)
If yes, name country

3 (a) FULL NAME Isaac Wolfe Legum
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name Aaron Legum
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-42 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 Bolton St

19 (Signature and title) FEB 21 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20th 1942 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1942 to Feb 21, 1942, and that I last saw h[illegible] alive on Feb 21 1942.

Immediate cause of death Cardiac failure — Duration 6 wks (?)

Due to Arterio-sclerotic Cardio-vascular disease — 6 years (?)

Due to

Other Conditions Carcinoma of lung, Rt. — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. Leslie

Address Union Memorial Hosp. signed 2-21-42

VS 8

F 89386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 89386
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4004 Chatham Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Chatham Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL CARLINER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1872

8. AGE: Years	Months	Days	If less than one day
69	4	5	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel Carliner
13. Birthplace Russia

MOTHER
14. Maiden Name Melamed
15. Birthplace Russia

16 (a) Informant Dr. Carliner — Son
(b) Address 4004 Chatham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-42 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd
Location Baltimore

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) FEB 21 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1942 to Feb. 20 1942, and that I last saw h alive on Feb. 20 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio - sclerotic	
Cardio - vascular disease	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Carliner M. D.
Address 2212 South Rd Date signed 2-24-42

VS 3

F 89387 ✓F 89387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Ridgewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Mary Adams

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 26. 1893
8. AGE: Years 48 Months 7 Days 27 If less than one day hr. min.
9. Birthplace Martinsburg W. Va (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Council of Churches. Md & Del

FATHER
12. Name Joseph C. Adams
13. Birthplace Md

MOTHER
14. Maiden Name Barbara E. Keedy
15. Birthplace Md

16 (a) Informant Josephine A. Saudlass
(b) Address 2909 Ridgewood ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23. 1942 (month) (day) (year)
(c) Cemetery or crematory Boonsboro. Cem
Location Boonsboro. Md
18 (a) Funeral director Mrs. Jno. W. Teufel. Son
(b) Address 601 W. Lafayette St
19 (a) FEB 22 1942 (Registered) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1942 to Feb. 21 1942 and that I last saw h[illegible] alive on Feb. 21 1942.

Immediate cause of death: Acute Nephritis — Duration: 11 days
Due to
Due to
Other Conditions: Uremia — 4 days
Congestive Heart Failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Same.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address Bon Secours. Hosp. Date signed 2-21-42

VS 2

F 89388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89388 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 W. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. Fort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha E. Stiebel

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Stiebel
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan 12. 1897

8. AGE: Years: 50 | Months: 1 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

MOTHER / FATHER

12. Name: Charles Lucke

13. Birthplace: Baltimore Md.

14. Maiden Name: Elizabeth Grebe

15. Birthplace: Baltimore. Md.

16 (a) Informant: Louis Stiebel
(b) Address: 109 W. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 23. 1947 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: Mrs. Jno. H. Teufel & Son
(b) Address: 801 W. Fayette St.

19 (a) Date received: FEB 22 1947 (b) Registrar's signature: [illegible], M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 20 1947, at 9:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 19 46 to Feb 20 19 47
and that I last saw her alive on Feb 20 19 47

Immediate cause of death: Acute Cardiac Dilatation — Duration: 1 day

Due to: Carcinoma of Lung — Duration: 6 Mos

Due to: —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. F. Wm Lewis, M.D.
Address: 18 Haviland St. Date signed: 2/22/47

F 89389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3F 89389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights ave
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (~~years,~~ or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ~~2476~~ Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2476 Shirley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Bertha Nathanson

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Chain
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1862
8. AGE: Years 80 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Samuel Weinstein
(b) Address 2604 Oakley ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 2-22-42 (month) (day) (year)
(c) Cemetery or crematory Lehrer Jewish Cem
Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Interred Washington Hebrew Cem

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942 at 7 30 M

21. I certify that death occurred on the date above stated that I attended deceased from Feb. 10 1942 to Feb 21 1942
and that I last saw her alive on Feb 21 1942

Immediate cause of death Heart failure — Duration 10 hrs
Due to Chronic myocarditis
Due to Arteriosclerosis — 20 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M H Barlow
Address 2040 Eutaw Date signed 2/24/42

LD 22 1942

F 89390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89390
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co.
(c) City or town Gambrills.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lavender, Mildred.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edward Lavender
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Oct 31-1896

8. AGE: Years	Months	Days	If less than one day
45	10+	19+20	hr. min.

9. Birthplace Ill.
(Town, county, and state)
10. Usual Occupation Housef.
11. Industry or business

FATHER
12. Name Ed. Pell
13. Birthplace Ill.

MOTHER
14. Maiden Name Anna Olsore
15. Birthplace Sweden

16 (a) Informant Edward Lavender
(b) Address Gambrills Md

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Feb 23-1942
(month) (day) (year)
(c) Cemetery or crematory Severn Cemetery
Location A.A. Co. Memorial

18 (a) Funeral director Royce Barber
(b) Address Laytonsville Md

19 (a) FEB 22 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942, at 2.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29. 1940. to 2-21-1942, and that I last saw her alive on 2-21-1942.

Immediate cause of death	Duration
Generalized carcinomatosis	
Due to Ca of breast.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul G. Hanganas
Address 1213 Light Street Date signed 2-21-42 M.D.

F89391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F89391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Greenway Apartments
(b) Street address Charles & 34th Streets
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & 34th Streets (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No) If yes, name country -----

3 (a) FULL NAME Mae Emma Heath

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William R. Heath
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1870

8. AGE: Years: 72 | Months: --- | Days: -- | If less than one day: --hr. --min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation -------

11. Industry or business -------

FATHER
12. Name John J. White
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emma Virginia Carver
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Edna H. Bunting
(b) Address Greenway Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/42 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk, Virginia

18 (a) Funeral director H. W. Meeks & Son
(b) Address 805 N. Calvert Street

FEB 22 1942 (Registered by) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1942, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 2/21 1942 and that I last saw h[illegible] alive on 2/21 1942.

Immediate cause of death	Duration
Coronary Thrombosis	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Goldsborough M.D.
Address 19 W. St. Paul St. Date signed 2/24/42

VS 3

F 89392
JM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 E. Montgomery, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
John Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1869

8. AGE: Years	Months	Days	If less than one day
72	2	19	hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual Occupation Tinner
11. Industry or business Unemployed

FATHER
12. Name Michael Brown
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine McGeeney
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals Rec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Heart Lawn
Location Germans Mill Rd Baltimore Md.

18 (a) Funeral director Wm J Leahy Funeral Home
(b) Address 1308 Eutaw St.

19 (a) [redacted] Burton Williams, Md.

[redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1942, at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1930, to 2/11 1942, and that I last saw h[redacted] alive on 2/10 1942.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease — ?
Generalized Arteriosclerosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address Baltimore City Hospitals Date signed 2/21/42

F 89393 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 89393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1613 da
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Schick 24439

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1877

8. AGE: Years	Months	Days	If less than one day
64	7	26	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank
13. Birthplace Poland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Ceme
Location Germans Hill Rd - Balto Co. Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1316 E. Eager St

19 (a) Huntington Avenue

FEB 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942, at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1937 to Feb 19 1942, and that I last saw him alive on Feb 19 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 8 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 2-20-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 - F 89394

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 E University Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 E University Pkwy
(If rural give location)
If not foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Williams Rosenfeld

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Widow

6 (b) Name of husband or wife Wm D Rosenfeld

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1868

8. AGE: Years 53 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business None

FATHER
12. Name Wm Thomas Williams
13. Birthplace Md

MOTHER
14. Maiden Name Ellen L Worden
15. Birthplace Md

16 (a) Informant Thos M Sminter
(b) Address 332 E University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Strauss Bros
(b) Address 2234 N Charles St

19 (a) [illegible] (b) Huntington Williams M.D.

FEB 26 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24th 1942, at 5.56 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1937, to Feb 24 1942, and that I last saw h[illegible] alive on Feb 24 1942.

Immediate cause of death

Cerebral Hemorrhage — Duration 24 hours

Due to Hypertension, Arterial change — 3 years

Due to Chronic Myocarditis — 3 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 2-27-42

Fill in correctly; PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89395
MC(72009)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 89395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr. 25min 26
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 12
(d) Street No. 1113 forrest street
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Francis McCarthy

3 (b) If veteran, name war —
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Alice R McCarthy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9. 1869

8. AGE: Years	Months	Days	If less than one day
72	? 6	12	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Jeremiah McCarthy
13. Birthplace U S A

MOTHER
14. Maiden Name Julia Scully
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address 4940 eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory New York
Location New York City

18 (a) Funeral director Williams Co
(b) Address 1219 E Pratt St

19 (a) (b) Huntington Williams M.D. Registrar
FEB 22 1942
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942, at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1942 to 2/21 1942, and that I last saw him alive on 2/21 1942

Immediate cause of death
Myocardial Infarction — Duration 1 day
Arteriosclerotic Heart Disease — 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 2/23/42

F. 89396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 89396 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Solly (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SCHAFER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMale	White	Married

6 (b) Name of husband or wife: John Adam Schafer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 16, 1877

8. AGE: Years	Months	Days	If less than one day
64	10	5	hr. min.

9. Birthplace: Hungary (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace Austria-Hungary

MOTHER
14. Maiden Name: Unknown
15. Birthplace " " "

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery Sacred Heart
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 22 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1942, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1942 to Feb. 21, 1942, and that I last saw him alive on Feb. 21, 1942.

Immediate cause of death	Duration
Pneumonia, lobar, both lower lobes	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/21/42

F 89397 JH 71619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 89397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Gutaw Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward McIntire

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1868

8. AGE: Years	Months	Days	If less than one day
74	1	19	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Edward McIntire
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lilly Horner
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) Filed [illegible] (year) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1942, to 2-21 1942, and that I last saw him alive on 2-21 1942.

Immediate cause of death: Carcinoma of Prostate with Metastasis — Duration: Years

Due to:

Due to:

Other Conditions: Hypertension & Arteriosclerosis — Yrs

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Hyatt M. D.
Address Baltimore City Hosp Date signed 2-21-42

F 89398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-9

F 89398

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Hammonds Ferry (If outside city or town limits, write RURAL and give town)
(d) Street No. Orems Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Ida Robb

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles Robb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11th 1874

8. AGE: Years 67 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name George Giesen
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Schrempf
15. Birthplace Germany

16 (a) Informant Edw. F. Burkett
(b) Address 2,63 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 42 (month) (day) (year)

(c) Cemetery or crematory Zion Lutheran Cem
Location Balto. Co. Md

18 (a) Funeral director Fagan Funeral Home
(b) Address 7401 Belair Rd.

19 Filed Feb 26 1942 (b) Huntington Wills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22-42 19 42 05A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942 to 2-22 1942 and that I last saw h[illegible] alive on 2-21 1942

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration: 4 years

Due to

Due to

Other Conditions Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 2-23-42

VS 2

F 89399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 89399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 855 Chilhurst Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Clark

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Bertha J. Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto. Md (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bertha Clark
(b) Address 31 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St.

19 (a) Date received by Registrar FEB 22 1942 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-19- 1942, at 6.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection - Autopsy (Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration

Due to

Due to

Other Conditions Comp. Communited Fractured Left Femur; Abrasions of Left Knee;
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 71/E
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-14-42 at 1.30 A.M.
(c) Where did injury occur? In front 702-16 Rotunda Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto Accident, Struck by Automobile

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 2-19-42

Please write plainly, with indelible ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 89400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman ParkdDrive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 West Lanvale Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM EDWARD SAUNDERS

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louise Tittle
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 8, 1890
8. AGE: Years 51 | Months 11 | Days 12 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: PORTER
11. Industry or business:

FATHER
12. Name: WILLIAM E. SAUNDERS
13. Birthplace: Port Royal, Va.

MOTHER
14. Maiden Name: Mary Michael
15. Birthplace: Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23, 1942 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 FEB 22 1942 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20, 1942 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1942, to Feb. 20, 1942, and that I last saw him alive on Feb. 20, 1942.

Immediate cause of death: Cerebral thrombosis, right; — Duration: 1 week
Bronchopneumonia — Terminal
Due to: Generalized arteriosclerosis; — Unknown
Mitral stenosis with congestive heart failure — Unknown
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. [illegible] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/20/42

F 89401 (ALCOME) F 89401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Lora Lane St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Alcorn (Birth F- 37872)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1941

8. AGE: Years | Months 3 4 | Days — | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Alcorn Sr.
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Emma Walker
15. Birthplace Va

16 (a) Informant James Alcorn Sr.
(b) Address 229 N. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2322 N Gilmore St

19 (a) FEB 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942 at 1:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Enlarged thymus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 2/24/42

VS 6

Caution: WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 89402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Millersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. At Indian Landing Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm F. Bennett

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E. Bennett

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): Aug 22 1878

8. AGE: Years 63 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace: Harford Co Md
(Town, county, and state)

10. Usual Occupation: Contractor

11. Industry or business: Self

FATHER
12. Name: Lenge M. D. Bennett
13. Birthplace: Baltimore Co Md

MOTHER
14. Maiden name: Rebecca Lowman
15. Birthplace: Pennsylvania Co Pa

16 (a) Informant: Jonas White
(b) Address: Millersville Md

17 (a) Burial: Friend (b) Date thereof 2/24/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory: Baldwin Memorial
Location: Severn Road Anne Arundel Co Md

18 (a) Funeral director: Wilson Gott
(b) Address: 1217 E. Fort Ave. Balto. Md

19 (a) Filed Feb 23 1942 (b)
(Date filed) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21- 1942 at 2.20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration:

Due to:

Due to:

Other Conditions: Fractured four bones - left humerus, multiple abrasions, lacerations & bruises

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 2-21-42 at 2.10 P.M
(c) Where did injury occur? Balto. Pulaski Hwy & 11th Ave.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury: Passenger - auto Collision

23. Signature: Howard J. Knelsen M.D.
Medical Examiner.
Date signed 2-22-42

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

E 89403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 S. Harmison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 S. Harmison St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Louise C. Henning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles F. Henning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24 1860

8. AGE: Years	Months	Days	If less than one day
81	5	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Louise C. Henning
(b) Address 200 S. Harmison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 - 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) FEB 22 1942 (Date received by registrar) (b) Huntington Williamsport, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19th 1942 at 1 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 19 1942 and that I last saw h alive on Feb 18 1942

Immediate cause of death
Myocarditis, Hypostatic
Pneumonia, Bilateral
Due to Sclerosis of Coronaries, Hypertension

Duration
2 days
Indefinite

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kahler
Address 2027 N. Rodney Date signed 3-2-42

VS 2

F 89404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

188

Registered No. F 89404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2145 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES WHITMAN (Wittman)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13 - 1896

8. AGE: Years 45 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Iron Moulder

11. Industry or business

FATHER 12. Name Christian J. Wittman

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Fisher

15. Birthplace Md

16 (a) Informant Rose G. McAfee

(b) Address 7141 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 - 1942 (month) (day) (year)

(c) Cemetery or crematory St. Pauls

Location Violetville

18 (a) Funeral director George L. Schwab

(b) Address 7101 Belrick Ave.

19 (a) FEB 22 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942 at 2.25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of 5th cervical vertebra — Duration

Due to

Due to

Other Conditions Chronic alcoholism (history)
(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 20, 1942 at 2a M
(c) Where did injury occur? Home 1141 Vine St - Brunswick Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? residential While at work? no (Specify type of place)
(e) Means of injury fell by fall

23. Signature H. L. Wallenmaier M.D. Asst Medical Examiner.

Date signed 2-20-42

VS 6

Warning: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 89405 Registered No.

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 N. Carey St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Alfred Haughton

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-9154

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mamie Haughton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25-1890

8. AGE: Years	Months	Days	If less than one day
51	6	5	— hr. — min.

9. Birthplace Edenton N. C.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Albert Haughton
13. Birthplace Edenton, N.C.

MOTHER
14. Maiden Name Theresa Paxton
15. Birthplace Edenton N.C.

16 (a) Informant Mamie Haughton
(b) Address 1113 N. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by Registrar) (b) [illegible] Registrar
FEB 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1942, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1942, to 2-20 1942, and that I last saw h[illegible] alive on Feb 20 1942

Immediate cause of death — Duration

Septic Sore Throat — 6 days
Due to Lobar Pneumonia — 3 weeks
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature J. Douglas Sheppard M. D.
Address 1631 W Franklin Date signed 2/22/42

F 89406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 760 Mc Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 760 Mc Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carl A. Covington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Effie J. Baynard. 6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 1, 1876

8. AGE: Years	Months	Days	If less than one day
65	7	21/20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Charles Covington
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth White
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Effie J. Baynard
(b) Address 760 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Rd.

18 (a) Funeral director John J. Bowan & Son
(b) Address 901 Hollins St.

19 (a) FEB 28 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1941 to Feby 21 1942, and that I last saw him alive on Feby 20 1942

Immediate cause of death
Cardiac failure (Myocarditis)
Due to
Due to Prostatic Abscess removed 12/18/42
Other Conditions Anemia. Hernia. ovn

Duration
Hrs
Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. MacMurray M. D.
Address 708 E. Chase Date signed 2/24/42

VS 3

F 89407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 - Registered F 89407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 N. Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) Country
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Alexander

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 216-09-7194

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen E. Alexander

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 8/7/1888

8. AGE: Years 53 | Months 6 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business Mutual Chemical Co

FATHER
12. Name William Alexander
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen E. Hanley
15. Birthplace Baltimore Md.

16 (a) Informant Anthony Alexander
(b) Address 1610 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24, 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave

18 (a) Funeral director Rudolf J. Koppel
(b) Address 319 S. Highland Ave

19 (a) FEB 22 1942 (Date rec'd by registrar) (b) Huntington Mills

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942 at 4:47 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2/20/42 at 3:30 P.M.
(c) Where did injury occur? Rishell St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Rope - cellar

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/20/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

Registered 89408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Lancaster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GLADYS PERRONE

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17. 1924.

8. AGE: Years	Months	Days	If less than one day
18	1	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School Child

11. Industry or business

FATHER
12. Name John. Perrone
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Martha Zurawski
15. Birthplace Germany

16 (a) Informant John. Perrone Jr.
(b) Address 1511 Lancaster St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23. 1942 (month) (day) (year)
(c) Cemetery or crematory St Matthias
Location Edmondson Road

18 (a) Funeral director Kendall Hippel
(b) Address 312 S. Highland Ave

19 FEB 22 1942 (b) Signature for Williams

(Local Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1942 at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 19, 1942 at 4 P. M
(c) Where did injury occur? Bond & Lancaster St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by auto
23. Signature J. L. Weatherbee M.D. Medical Examiner.
Date signed 2-20-42

auto struck

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. SF 89409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 Brunswick St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Brunswick St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella E. Sieck

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife Adam F. Sieck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/1872

8. AGE: Years	Months	Days	If less than one day
69	7	4	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John Smith.
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Beziet
15. Birthplace Maryland

16 (a) Informant Mr. Adam F. Sieck
(b) Address 529 Brunswick St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director J. B. Wippert & Son
(b) Address 1100 Eutaw Place

19 (a) (Date received by Local Registrar) FEB 24 1942 Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/42 19 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1942 to 2-19 1942 and that I last saw her alive on 2-17 1942.

Immediate cause of death: Acute cardiac dilatation — Duration 1 hr.
Due to: Chronic myocarditis hypertension. — 5 yr.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature G. Dallas M.D.
Address 44 N. Fulton Date signed 2/20/42

DW. Dallas.

F 89410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119- F 89410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 Appleton St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. (Spanish)

3 (a) FULL NAME Baby Randolph Noto - Randolph L Noto F-33310

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11-1941

8. AGE: Years	Months	Days	If less than one day
—	6	10	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Vincent R. Noto
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth H. Dilliard
15. Birthplace Maryland

16 (a) Informant Vincent R. Noto
(b) Address 777 Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director J. B. Tippett & Son
(b) Address 1300 Eutaw Place

19 (a) FEB 22 1942 (Date received by Registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21-1942, at 2. P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1942, to Feb. 20 1942, and that I last saw him alive on Feb. 20 1942.

Immediate cause of death Intestinal diarrhea

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Rutter
Address Bon Secours Date signed 2/23/42

F 89411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 + 3-D

Registered No. F 89411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Amelia Walle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. William Walle
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Sept. 5, 1875
8. AGE: Years 66 | Months 5 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Home

FATHER
12. Name H. Steinpel
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Wiegmann
15. Birthplace Germany

16 (a) Informant Wm Walle
(b) Address Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director J. B. Hilpert & Son
(b) Address 1300 Eutaw Pl.

19 (a) Date received by Local Registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1942 at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1942 to 2/20 1942 and that I last saw h[illegible] alive on 2-20 1942.

Immediate cause of death: Myocardial failure — Duration 7

Due to: Arteriosclerotic Cardio-vascular disease

Due to:

Other Conditions: Gangrene rt. foot since 2-11-42

(Include pregnancy within 3 months of death)

Date of operation 2-20-42

Major findings of operation: amputation at right thigh

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Lively M.D.
Address Md. Gen. Hosp. Date signed 2/20/42

Washington Williams, M.D.

Dr. Back 89412
1 block West of Hilford Rd
Taylor Ave. —

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 89412

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Lake Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 0
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Lake Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William G. Blakeley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah L. Blakeley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1856

8. AGE: Years	Months	Days	If less than one day
86	1	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John W. Blakeley
13. Birthplace Penna.

MOTHER
14. Maiden Name Maria C. Robinson
15. Birthplace Gettysburg Pa

16 (a) Informant Sarah L. Blakeley
(b) Address 4419 Rexwood Ave Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director Maurice Cook Sykes
(b) Address 1701 W. North Ave.

19 (d) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to Feb. 20 1942, and that I last saw living alive on Feb. 19 1942.

Immediate cause of death	Duration
Chr. interstitial nephritis	10 yrs.
Due to Chr. myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Bacon
Address 2815 Taylor Ave Date signed 2/21/42 M. D.

VS 3

F 89413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89413 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Hamilton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Graham

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	159-01-8100	Male	White	Married

6 (b) Name of husband or wife Mary V. Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9th 1877

8. AGE: Years	Months	Days	If less than one day
64	7	12	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name William J. Graham
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary F. Johnston
15. Birthplace Ohio

16 (a) Informant Mrs Mary V. Graham
(b) Address 3418 Hamilton Ave. Phila, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 22nd 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Philadelphia, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) FEB 23 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1942 at 6.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haldeman M.D.
Medical Examiner.
Date signed 2-22-1942

F 89414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

Registered No. F 89414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont Ave.
(c) Hospital or institution: Church Home & Infirmary.
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 5
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town East Port (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Severn Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Edith Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm F. Bennett deceased

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 4. 1870

8. AGE: Years 71 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name George Bowman
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Mariner
15. Birthplace Maryland

16 (a) Informant Marguerite Bennett Harrell
(b) Address Annapolis (East Port)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Bluff Cem
Location Annapolis Md

18 (a) Funeral director E. Wallis Lamasney
(b) Address 1 W Baltimore St.

19 (a) FEB 23 1942 (Date rec'd by registrar) (b) Huntington Wills M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18, 1942, to Feb 22, 1942, and that I last saw her alive on Feb. 22 1942.

Immediate cause of death: Respiratory failure — Duration

Due to: Carcinoma of uterus.

Due to:

Other Conditions: Carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation Feb. 21, 1942

Major findings of operation: Extensive carcinoma of uterus & metastasis

of autopsy: Same as at operation.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Mason Kind D.

Address Church Home & Infirmary Date signed 2/23/42 M. D.

VS 3

F 89415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 89415

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Whatcoat St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	M

6 (b) Name of husband or wife Richard Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6/1905

8. AGE: Years	Months	Days	If less than one day
36	8	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Sims
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Johnson
15. Birthplace Maryland

16 (a) Informant Self
(b) Address 1006 Whatcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ft. Ave. Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Monroe St

19 (a) (Signature and address of informant) (b) Huntington Williams, M.D.

FEB 23 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1942, at 6 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1942 to 2/21 1942, and that I last saw h[illegible] alive on 2/21 1942

Immediate cause of death	Duration
Congestive Heart failure	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Wiles M.D.
Address 1006 Whatcoat St Date signed 2/22/42

F 89416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 89416
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glenarden Court Andrews
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME B. Courtney Watters

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/1879

8. AGE: Years	Months	Days	If less than one day
63 62	10	17 18	hr. min.

9. Birthplace Balt Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William Watters
13. Birthplace Balto

MOTHER
14. Maiden Name Laura Meadows
15. Birthplace Balt

16 (a) Informant Mrs Henry Morrison
(b) Address Woodbrook Charles St Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director H Menkin & Co
(b) Address Orchard & Mc Culloh St

19 [illegible] Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21/42 19..., at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3 1942 to 2/21 1942, and that I last saw him alive on 2/21 1942

Immediate cause of death Hypertension
Cerebral Hemorrhage
Uremia

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles B Barnett M. D.
Address Date signed 2/21/42

F 89417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-W

F 89417

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Madeira St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Madeira St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Nestor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James W. Nestor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1879

8. AGE: Years	Months	Days	If less than one day
62	7	3	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William Ward
13. Birthplace W. Va.

MOTHER
14. Maiden Name Martha Cutlip
15. Birthplace W. Va.

16 (a) Informant Mrs. Virginia Griffith
(b) Address 618 N. Madeira St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, '42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director Joseph Farace, Inc.
(b) Address 2013 Greenmount Ave.

19 (a) [illegible] (b) Huntington Williams

FEB. 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1932 to Feb 16 1942, and that I last saw him alive on Feb 16 1942.

Immediate cause of death Acute cardiac decompensation
Due to Cardiovascular renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer M. D.
Address 506 E. North Ave. Date signed 2-20-42

F 89418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 89418
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 Carrollton Ave.
(c) Hospital or institution:
Aged Women's and Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 86 | Months | Days | If less than one day: hr. min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Lloyd Coates
13. Birthplace Md

MOTHER 14. Maiden Name Sarah ?
15. Birthplace Md

16 (a) Informant Aged Home Records
(b) Address 822 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

DEC 28 1942
(Date received by Registrar)

(b) Burington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21 1942, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 2-21 1942, and that I last saw her alive on 2-21 1942.

Immediate cause of death
Bronchopneumonia — Duration: 5 days
Due to
Due to
Other Conditions Generalized Arteriosclerosis?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. L. Mavaleer M. D.
Address 844 N. Carey St. Date signed 2-21-42

VS 2

F 89419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 554 MOSHER STREET.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County CITY BALTIMORE
(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)
(d) Street No. 554 MOSHER STREET. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL WILSON.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9738

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Belle Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.1,1884

8. AGE: Years 57 | Months 3 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Galesville Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Peaco
15. Birthplace Phila. Penna.

16 (a) Informant Mrs Belle Wilson
(b) Address 554 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Cem.
Location Galesville A. A. Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle Street

19 (a) [illegible] Burlington Williams Registrar

FEB 23 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBUARY 20 1942. at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JANY 31 1942 to FEB 20 1942 and that I last saw h im alive on FEBY 20 1942.

Immediate cause of death

	Duration
APOPLEXY FEBRUARY 20 1942.	
CHRONIC MYOCARDITIS	1941.
Due to	
ARTERIOR SCLEROSIS	1941
Due to	
Other Conditions NONE	

(Include pregnancy within 3 months of death)

Date of operation NONE.

Major findings of operations

of autopsy NONE.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. H. Slaughter M.D.

Address 3013 ST PAUL STREET Date signed 2/20/42

F 89420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

F 89420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 W. Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W. Hamburg.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Ellen Bowen (Birth F-34618)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4th 1941

8. AGE: Years	Months	Days	If less than one day
	5	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James S. Bowen
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Dorothy Biscoe
15. Birthplace Philadelphia Pa.

16 (a) Informant James S. Bowen
(b) Address 16 W. Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb. 23rd 1942 (month) (day) (year)

(c) Cemetery or crematory London Park Cem.
Location

18 (a) Funeral director E. Lefolman & Son
(b) Address 1039 Hanover St.

19 (a) [illegible] (b) Huntington Hollins Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1942, at 8.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1941 to Feb. 21 1942, and that I last saw her alive on Feb. 21 1942.

Immediate cause of death Marasmus
Manitou
Due to Acute Cardiac Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M Insoura M. D.
Address 1403 S. Charles St Date signed 2/23/42

Typing or writing with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 W Hughes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 113 W Hughes St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rudy Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1919

8. AGE: Years	Months	Days	If less than one day
22 23	9		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Wright
13. Birthplace Md

MOTHER
14. Maiden Name Mamie Ward
15. Birthplace Md

16 (a) Informant William Wright
(b) Address 113 W Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Isaiah L Bowers & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

FEB 28 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 — 21 — 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 21 1942, and that I last saw him alive on Feb 20 1942.

Immediate cause of death

Tuberculosis

Due to

Due to

Other Conditions

Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carson M. D.
Address 1016 S. Stamp St Date signed 2-25-42

F 89422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 659 Sterling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Sterling (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Henry Good

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Ella

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 67 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Henry Goods

13. Birthplace Va.

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Mary C. Parker

(b) Address 659 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem. Location B. A. County Md.

18 (a) Funeral director Joseph G. Locke Jr.

(b) Address 1804 N. Central Ave

19 (a) FEB 23 1940 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940 at 3-25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Harvey M.D. Medical Examiner.

Date signed 2/21/40

V8 6

F 89423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 939

F 89423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Eden Hall Apartments
(b) Street address — 3401 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County ----------
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3401 Greenway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME — Lida Lee Tall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — Nov. 17. 1873

8. AGE: Years	Months	Days	If less than one day
68	3	4	hr. min.

9. Birthplace — Dorchester County, Md. (Town, county, and state)
10. Usual Occupation — Retired teacher
11. Industry or business

FATHER
12. Name — Washington Tall
13. Birthplace — Maryland

MOTHER
14. Maiden Name — Sarah E. Humphreys
15. Birthplace — Baltimore, Maryland.

16 (a) Informant — Charles H. Tall
(b) Address — Newport News, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory — Loudon Park
Location — Baltimore

18 (a) Funeral director — H. W. Mears & Son
(b) Address — 805 North Calvert Street

19 (a) (b) Registrar

Date received by registrar FEB 23 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 21, 1942 at 10.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 13 1939 to FEB 21 1942, and that I last saw HER alive on FEB 21 1942.

Immediate cause of death — Coronary Occlusion — Duration

Due to — Arteriosclerosis and Myocarditis — 3 YRS

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — John R. Heckrotte, M. D.
Address — 3574 Greenway Date signed 2/23/42

F 89424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 89424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 446 ds
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Claymont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George R. Eckert 61441

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1902

8. AGE: Years	Months	Days	If less than one day
40 39	0	2	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Crane operator
11. Industry or business

FATHER
12. Name Peter
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Magseman
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) FEB 23 1942 (Date received by Registrar) (b) [illegible] for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1942, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1940 to Feb 19 1942, and that I last saw him alive on Feb 19 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard N. Rabbinow M. D.
Address Balt. City Hosp Date signed 2-24-42

F 89425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 936

F 89425 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3736 Ellerslie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3736 Ellerslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James S. Holden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Annie A. Holden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Police Dept.

FATHER
12. Name Daniel L. Holden
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Murphy
15. Birthplace Ireland

16 (a) Informant Miss Genevieve Holden
(b) Address 3736 Ellerslie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

FEB 23 1942

Dr. J. W. Gueyton York Rd & 39th

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1942, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1942, to 2/21 1942, and that I last saw him alive on 2/21 1942.

Immediate cause of death Myocardial insufficiency. — Duration 8 days.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Willis Gueyton
Address 3963 Greenmount Ave. Date signed 2/23/42

F 89426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 85 da
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

G-T

3 (a) FULL NAME Pearl Price 70204

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1900

8. AGE: Years	Months	Days	If less than one day
41	11	17	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Shields
13. Birthplace S.C.

MOTHER
14. Maiden Name Annie ?
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory
Location Smithville N. C.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Lane

19 FEB 23 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 1942 at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1941 to Feb. 21 1942 and that I last saw her alive on Feb. 21 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 2-21-42

VS 3

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Ashland Court.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Ashland Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Jennings

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martin J. Jennings
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1878

8. AGE: Years 63 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER 12. Name Joseph Senger
FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Regendenbda Gumpeman
MOTHER 15. Birthplace Germany

16 (a) Informant Mr. Martin J. Jennings
(b) Address 1004 Ashland Court.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4420 Belair Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 224 E. Eager St.

FILED 2-23-1942 (Date filed by Registrar) (By) Hamilton for Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22nd, 1942, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1942 to 2/22 1942, and that I last saw her alive on 2/21 1942:

Immediate cause of death Diabetic coma — Duration:

Due to Diabetes. — 15 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation: —
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton
Address 8963 Greenmount Ave. Date signed 2/23/42 M.D.

F 89428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-19-W

F 89428

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3819 Hanover St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Orchard Beach (If outside city or town limits, write RURAL and give town)

(d) Street No. 15-4 (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Patricia Ann Miles ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 - 1941

8. AGE: Years | Months: 3 | Days: 30 29 | If less than one day: hr. min.

9. Birthplace Anne Arundel County (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Elmer Miles

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Gladys Mary Coffin

MOTHER 15. Birthplace Baltimore

16 (a) Informant Mrs. Elmer Miles

(b) Address 3819 Hanover St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/23/42 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Glen Haven

Location Glen Burnie

18 (a) Funeral director Elizabeth Earle Fun.

(b) Address 115 E. West St.

19 (a) Date received by Registrar FEB 23 1942 (b) Registrar

Attesting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1942 to 2/21 1942 and that I last saw her alive on 2/21 1942

Immediate cause of death

Toxemia

Due to Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Rubin M. D.

Address 213 Baltimore Date signed

F 89429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 89429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Phelps Lane (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Saylor (Birth F-44385)

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-42 @ 10:25 AM

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Myron Eugene Saylor
13. Birthplace Pinsey Calfornia

MOTHER
14. Maiden Name Ely. Phelps Blake
15. Birthplace Balto - Maryland

16 (a) Informant Mother
(b) Address 3227 Phelps Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location City

18 (a) Funeral director Robt. C. B. McCutcheon
(b) Address Pratt & Hacker Sts

19 (a) (Date received by registrar) FEB 23 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1942; at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1942 to 2-22 1942 and that I last saw him alive on 2-22 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr.
Due to Pelvic dystocia of mother.
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Edward L. J. Kreig M.D.
Address Bon Secours Hosp. Date signed 2-22-42

F 89430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130-T

F 89430 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 East 25 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John Erwin Banks
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-09-2929
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married - Separated
6 (b) Name of husband or wife: unknown
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 2-9-1900
8. AGE: Years 42 | Months — | Days 11 | If less than one day ____ hr. ____ min.
9. Birthplace: Elizabeth City N.C. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business
FATHER 12. Name: Preston Banks
13. Birthplace: N.C.
MOTHER 14. Maiden Name: Alice Peterson
15. Birthplace: N.C.
16 (a) Informant: Nettie Thornton
(b) Address: 1233 E. Monument st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26 42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: Anne Arundel County Md
18 (a) Funeral director: William A Jackson
(b) Address: 916 Pennsylvania Ave
19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

FEB 23 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942 at 10:30 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Suppurative arthritis
Due to: Septic arthritis, cause unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm H Landecraft M.D. Medical Examiner
Date signed 2/21/42

Note

F 89431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 89431
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 Dundalk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Battey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Harry B. Battey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1873

8. AGE: Years 68 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Kept Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Marks
13. Birthplace W. Va

MOTHER
14. Maiden Name Davis
15. Birthplace W Va

16 (a) Informant Harry B. Battey
(b) Address 2036 Dundalk Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 24 (month) (day) (year)
(c) Cemetery or crematory Locust Hill Cem
Location Chester W. Va.

18 (a) Funeral director John Ulrich
(b) Address 2000 Orleans St

19 (a) FEB 23 1942 (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to Feb 22 1942, and that I last saw deceased alive on Feb 22 1942.

Immediate cause of death Cardiac Failure — Duration
Arteriosclerotic Cardio-Vascular Disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos J Smith M. D.
Address St Josephs Hospital Date signed 2/22/42

MA 71985

F 89432

F 89432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)

(d) Street No. 912 Granby Street
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES AUGUST WEISE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	Male	White	Divorced

6 (b) Name of husband or wife Augusta Weise

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1859

8. AGE: Years	Months	Days	If less than one day
83	1	5	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Artist -retired 15yrs

11. Industry or business

FATHER 12. Name	Robert Weise
FATHER 13. Birthplace	Germany
MOTHER 14. Maiden Name	Cecilia (?) Berthold
MOTHER 15. Birthplace	Germany
16 (a) Informant	B. C. H. Records
(b) Address	

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23. 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address North Ave. & Broadway

19 (a) Feb 23 1942 (b) Registered by Williams, M.D. Registrar

(Date filed by City Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 1942, at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1942 to 2-20 1942 and that I last saw h[illegible] alive on 2-20 1942.

Immediate cause of death
Bronchopneumonia
Cardiac failure

Due to Arteriosclerosis H. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Dr. Sloan

Duration
3
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard R. Patterson M. D.

Address Balto. City Hosp. Date signed 2-20-42

VS 3

F 89433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 S. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN KEMP

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Katherine Kemp
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July.12.1858

8. AGE: Years 83 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace York Penna. (Town, county, and state)
10. Usual Occupation Retired - 1938
11. Industry or business

FATHER
12. Name John Henry Kemp
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Wm. Stabler (Daughter)
(b) Address 614 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS # FEB 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21. 1942 9.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to Feb. 1942 and that I last saw him alive on Feb 21 1942

Immediate cause of death: Myocardial degeneration — Duration 2 yrs
Due to Infirmities of old age. — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clayton W. LeBoutillier M.D.
Address 601 S. Ellwood Ave. Date signed 2/22/42

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 89434 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Dillon Taylor.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: Male. 5. Color or race: White. 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Emma F. Taylor.

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1869.

8. AGE: Years 72 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Ashland, Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Retired Engineer.

11. Industry or business Pennsylvania R.R.

FATHER
12. Name George Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriett Walker
15. Birthplace Maryland

16 (a) Informant Mrs. Emma F. Taylor (Wife)
(b) Address 2418 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942, at 2:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 6 1942 to Feb. 22 1942 and that I last saw him alive on Feb. 22 1942.

Immediate cause of death metastatic Carcinoma of brain. — Duration 6 mo.

Due to Spread of malignancy from bowel.

Due to

Other conditions Hypertensive Cardio Vascular disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stevens M. D.
Address 3400 Eastman Ave. Date signed 2/25/42

Filed 28 to Huntington for Williamsport, Md.

F 89435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89435 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 5 E. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Rogers (Rodgers)

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 219-07-6224

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 12 1870

8. AGE: Years 71 | Months 3 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation CASHIER

11. Industry or business LUNCH ROOM

FATHER
12. Name John W. Rogers
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Redman
15. Birthplace Baltimore

16 (a) Informant Self
(b) Address 5 E. MULBERRY ST.

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** FEB. 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Fredrick Ave.

18 (a) Funeral director Lilly & Sailer Inc.
(b) Address 403 S. WOLFE ST. Hamilton Williams, M.R.

19 (a) (Date rec'd by registrar) **(b)** Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1942 to 2/22 1942, and that I last saw him alive on 2/22 1942.

Immediate cause of death Coronary Thrombosis — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Sturms M. D.

Address Mercy Hosp **Date signed** 2/28/42

F 89436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 89436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) XXXX
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 West University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? XXXXXXXXXX years

3 (a) FULL NAME Samuel M. Berwald (SAMUEL MARVIN BERWALD)

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife SARA NORTH BERWALD

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1876

8. AGE: Years 65 | Months 11 | Days 26 | If less than one day: hr. min.

9. Birthplace Titusville, Pennsylvania. (Town, county, and state)

10. Usual Occupation Salesman for

11. Industry or business Hubb Tailoring Co. (Tailors)

FATHER
12. Name Livi Barwald
13. Birthplace Austria

MOTHER
14. Maiden Name Rachael Marks
15. Birthplace England

16 (a) Informant Mrs. Sara North Berwald (wife)
(b) Address 100 W. University Parkway, City.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2 - 25 - 1942 (month) (day) (year)
(c) Cemetery or crematory Green Wood Cemetery
Location Brooklyn, New York.

18 (a) Funeral director Stewart & Mowen Company.
(b) Address 108 W. North Av. (W. F. Wooden-Suc.)

19 (a) FEB 23 1942 (Registered by Registrar) **(b)** Huntington Williams MR

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942, at 6'17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to Feb 22 1942 and that I last saw h/m alive on Feb 22 1942.

Immediate cause of death	Duration
Carsinoma of Stomach (Colloid) & Local	
Due to METASTASIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca. of Stomach.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J E Boodman Jr. M. D.
Address Franklin Sq Hosp Date signed 2/23/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89437

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 W. Mulberry St. 19-L Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Fitzhugh

If U. S. Veteran specify WAR _____

(a) Residence: No. 1615 W. Mulberry St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Fitzhugh

6. DATE OF BIRTH (month, day, year) Sept. 1-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Louis E. Thomas

14. BIRTHPLACE (city or town) (State or country) Ellas. Co. Md.

MOTHER

15. MAIDEN NAME Mary Ward.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Emma Pinkney - Sister
(Address) 102 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 2-24 1942

19. UNDERTAKER Sam'l W. Chappell Son
(Address) 638 N. Milton St.

20. FILED _____ 19__ _____

FEB 23 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1942

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Feb 1942

I last saw her alive on Jan 3 1942 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance: Diabetis Mellitus	6 yrs

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. Douglas Lubberd M. D.
(Address) 1631 W Franklin St

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 89438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89438 Registered No.

PRESS WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry M. Holmes

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1882

8. AGE: Years	Months	Days	If less than one day
59	3	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Curtis Bay Ord. Depot

FATHER
12. Name Henry Holmes
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen Murphy
15. Birthplace Vermont

16 (a) Informant Miss Lola Holmes
(b) Address 1436 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Date of [illegible] Huntingtown Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942 at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Alcoholism

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 2/24/42

VS 6

F 89439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89439

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 So Patterson Pk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna W Wiessner (Annie Wiessner)

MEDICAL CERTIFICATION

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph Wiessner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1/14/1691
8. AGE: Years: 51 Months: 1 Days: 6 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Marks
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Janet Hanna
15. Birthplace: Scotland

16 (a) Informant: Mrs. Jeanette Wiessner
(b) Address: 1811 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location: Baltimore, County

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North and Pa. Avenues

19 (a) FEB 23 1942 (Filed by Registrar) Huntington Williams, M.D. Registrar

20. DATE OF DEATH: Feb 20 1942 at 11:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration:
Due to —
Due to —
Other Conditions (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm H Landvoigt M.D. Medical Examiner.
Date signed 2/24/42

VS 6

F 89440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89440 Registered No. 93-7

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltim Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula Moat LULA M. MOAT

3 (b) If veteran, name war ----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. W. Moat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1872

8. AGE: Years	Months	Days	If less than one day
69	4	11	hr. min.

9. Birthplace Louisville Ky (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Roland Mobley
13. Birthplace Ky

MOTHER
14. Maiden Name Mary Holly
15. Birthplace Ky

16 (a) Informant Mr. H. M. Moat
(b) Address 1722 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Balto Md.

18 (a) Funeral director WM J. TICKNER & SON INC
(b) Address North & Pa Aves

19 (a) (Date received by Registrar) FEB 28 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-27 1942 to Feb 21 1942 and that I last saw h[illegible] alive on Feb 21 1942

Immediate cause of death — Duration

Cardiac Failure

Due to Hypertensive

Due to Hypertensive C.V. Disease

Other Conditions Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Bourbonnais Jr. M. D.
Address Franklin Sq. Hospital Date signed 2/23/42

Physicians: please write the causes of death clearly and legibly. Underlying cause is especially important. Do not use abbreviations. Every item of information should be carefully supplied. The correct age is especially important.

F 89441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 89441

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Charles & 33rd Sts

(c) ~~Hospital or institution:~~

Blackstone apts.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. Charles & 33rd Sts.

(If rural give location)

(e) ~~Citizen of foreign country?~~ (Yes or No)

~~If yes, name country~~ Blackstone, Apts.

3 (a) FULL NAME Helen R. Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Fred H. Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1887

8. AGE: Years	Months	Days	If less than one day
54	7	10	hr. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Benjamin Richardson

13. Birthplace Maryland

MOTHER

14. Maiden Name Not Known

15. Birthplace " " "

16 (a) Informant Mrs H. F. Kempson Co

(b) Address 3908 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)

(c) Cemetery or crematory St. John's

Location Waverly

18 (a) Funeral director Wm. J. Ficker & Sons

(b) Address North & Pa. Ave.

19 (a) Filed FEB 23 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to Feb. 22 1942, and that I last saw h-r alive on Feb. 21 1942

Immediate cause of death

Myocarditis

Arterio-sclerosis

Due to Chronic parenchymatous nephritis - about 1 yr duration.

Due to

Other Conditions Chronic interstitial parenchymatous nephritis - about 1 yr duration.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration about 1 yr 7 mo. 7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death ~~was~~ due to ~~external causes~~, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Walter Dribbett M. D.

Address 220 Harrison Blvd. Date signed 2/23/42

F 89442

Britton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-42

F 89442 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 W. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 W. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Britton

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James L. Britton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1856

8. AGE: Years	Months	Days	If less than one day
85	5	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace Sykesville, Md.

16 (a) Informant Mrs. Clarence Britton
(b) Address 1536 W. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Springfield
Location Sykesville

18 (a) Funeral director Wm. J. Sickna & Son
(b) Address North & Pa. Ave.

19 (a) FEB 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1942, to Feb 22 1942, and that I last saw h alive on Feb. 21 1942.

Immediate cause of death	Duration
Uremia	1 wk.
Due to Chronic Nephritis	2-3 yrs?
Due to Arteriosclerotic Cardiovascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel D. Robinson M. D.
Address 2834 Gwynns Falls Pky. Date signed 2/23/42

VS 8

F 89443

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 89443
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 N. Fulton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 N. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert Kammer

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Minnie Kammer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1856

8. AGE: Years	Months	Days	If less than one day
85	10	25	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Saloon Keeper Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Mary Kammer
(b) Address 2012 N. Fulton Ave.

17 (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director WILLIAM J TICKNER & SONS
(b) Address North and Pa.

19 (a) FEB 23 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942, at 3:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1941, to Feb. 21 1942, and that I last saw him alive on Feb 21 1942.

	Duration
Immediate cause of death Coronary Thrombosis	2 hrs.
Due to Chronic Hypercardiotic & auricular Fibrillation	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Cohnam M. D.
Address 1921 W North Ave Date signed 2/23/42

VS 8

F 89444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 89444
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 764 Central Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Gaetan Macaluso — Gaetano Maculuso

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Maria Assunta Manganaro

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 15-1877

8. AGE: Years 69 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Giuseppe Macaluso
13. Birthplace Italy

MOTHER
14. Maiden Name Calilla Calsi
15. Birthplace Italy

16 (a) Informant Joseph Macaluso (Son)
(b) Address 4609 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 FEB 23 1942 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22- 19[illegible] at 1:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition + Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration

Due to 3rd degree burns involving 85% body surface area

Due to

Other Conditions No conflagration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-21-42 at 10.40 A.M
(c) Where did injury occur? Dundalk (City or town) Balto. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Boiling hot expanded gasoline on fire. Burning clothes

23. Signature Howard J. Tenebaum M.D. Medical Examiner.
Date signed 2-22-42

VS 6

F 89445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓25

Registered No. F 89445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Carmelita Picciotto Picciotto

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-9564

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1909

8. AGE: Years	Months	Days	If less than one day
32	10	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Office Clerk

11. Industry or business

FATHER
12. Name late John Picciotto
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Rosso
15. Birthplace Italy

16 (a) Informant Salvador Picciotto (Brother)
(b) Address 149 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St. Huntington Williams, M.D.

19 (a) FEB 23 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942 at 10 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18/1942 to 2/22/1942 and that I last saw her alive on 2/22/1942.

Immediate cause of death Cerebral Embolism

Due to

Due to

Other Conditions Broncho-Pneumonia

(Include pregnancy within 3 months of death)

Date of operation 2/19/42

Major findings of operation: Fibroid Uterus, Bilateral Cystic Ovaries

of autopsy: Chronic Salpingitis, Appendicitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Hupik M. D.
Address St Josephs Hosp Date signed 2/22/42

VS 3

F 89446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89446 Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carrollton St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 542 Gutmans Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted]
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE MURPHY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 1861

8. AGE: Years 81 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Georgetown, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. Bernard Wardfield
(b) Address 1011 E. Monument

19 (a) FEB 23 1942 (b) Registrar Huntington Hollins, M.D.
Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22/1942 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19/1942 to 2/22/1942 and that I last saw h[illegible] alive on 2/22/1942.

Immediate cause of death Bronchopneumonia

Due to D.

Due to

Other Conditions Hypertensive C.V. Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Tompkins

Address St. Joseph's Hospital Date signed 2/23/42

VS 3

F 89447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Edgewater
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME IRA RIDLING

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. 236-10-9152

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cynthia Pennington
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1886

8. AGE: Years 56 | Months 0 | Days 16 | If less than one day: hr. min.

9. Birthplace Salisbury, N. C.
(Town, county, and state)

10. Usual Occupation PIPEFITTER'S HELPER

11. Industry or business

FATHER
12. Name Alexander Ridling
13. Birthplace

MOTHER
14. Maiden Name Jennie Overcash
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 42 (Month, day, year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director S. Walter Fray
(b) Address 614 N. Bouldin St.

FEB 23 1942 (Date rec'd by registrar) (b) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1942, at 12:15 pm

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20, 1942, to Feb. 21, 1942, and that I last saw him alive on Feb. 21 1942.

	Duration
Immediate cause of death: Generalized peritonitis	1 day
Due to: Perforated gastric ulcer	1 week
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 2/21/42

Major findings of operation: Expl.lap; Suture of peptic ulcer; Cholecystis,

Date of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 2/23/42

VS 8

F 89448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89448

Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2940 Mosher Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2940 Mosher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Allen Harvey Seitz

3 (b) If veteran, name war 40

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate Seitz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1870

8. AGE: Years 72 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace Shrewsbury, Pennsylvania (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Fuller Brush Co.

FATHER
12. Name Edward K. Seitz
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Miranda Miller
15. Birthplace Pennsylvania

16 (a) Informant Kate Seitz
(b) Address 2940 Mosher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Shrewsbury, Pennsylvania

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street

19 (Date received by Registrar) FEB 24 1942 Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1941 to Feb. 22 1942, and that I last saw h im alive on Feb. 21 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 1/2 hour

Due to: Myocarditis — 1940

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kirpas M. D.
Address 3030 Edmondson Ave. Date signed 2/23/42

VS 2

F 89449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89449

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Ltd.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S Conkling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Phelps

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28-'41

8. AGE: Years 1 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Burnette
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Phelps
15. Birthplace Md.

16 (a) Informant Mother
(b) Address 304 S Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director Wilson Cook
(b) Address 257 E Paul St

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22- 1942 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1942 to 2-22 1942 and that I last saw h alive on 2-22 1942.

Immediate cause of death: Respiratory Failure — Duration 6 hrs
Due to: Bilateral Bronchopneumonia — 6 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pastel M. D.
Address Union Memorial Hosp. Date signed 2/24/42

VS 3

F 89450 BALTIMORE CITY HEALTH DEPARTMENT F 89450

CERTIFICATE OF DEATH 46-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 N. Franklintown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Franklintown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Hodder

3 (b) If veteran, name war No | 3 (c) Social Security Account No. [illegible]

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alfred H. Hodder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1882

8. AGE: Years 59 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Oren
13. Birthplace England

MOTHER
14. Maiden Name Louise Boston
15. Birthplace Baltimore Md

16 (a) Informant Alfred H Hodder
(b) Address 518 Franklintown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem
Location Wash Blvd

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 24 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942 6.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1942 to Feb 24 1942 and that I last saw her alive on Feb. 24 1942.

Immediate cause of death	Duration
Carcinoma of Rectum	18 mo.
Due to Abdominal metastasis	6 mo
Due to	
Other Conditions Arteriosclerosis Cardio-Vascular disease	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel A Robertson M. D.
Address 2830 Fayette Balto Md Date signed 2-24-42

F 89451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89451

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3116 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Louisa F. Auld

3 (b) If veteran, name war ..

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 24th 1844

8. AGE: Years 97 | Months 11 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business .....

FATHER
12. Name Jacob Auld
13. Birthplace Germany

MOTHER
14. Maiden Name Christianna Auld
15. Birthplace Germany

16 (a) Informant Mrs Wolfe
(b) Address 3000 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/24/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) FEB 24 1942 (Date rec'd by registrar) Washington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22nd 1942, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Feb. 22 1942
and that I last saw h~~er~~ alive on Feb. 22 1942

Immediate cause of death Bronchopneumonia — **Duration** 1 wk

Due to .....

Due to .....

Other Conditions General senility
General arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Robert W. Faria M. D.

Address 700 Cathedral St. Date signed 2/23/42

F 89452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 89452 / 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Stevenson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-07-5155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elmira Mae Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1875

8. AGE: Years	Months	Days	If less than one day
66	9	9	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Retired Boiler Maker
11. Industry or business B & O R.R.

FATHER
12. Name George Miller
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Mary Hedrick
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Feb 24th 1942 (month) (day) (year)
(c) Cemetery M.P. Church
Location Poplar Grove Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 24 1942 (b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942 at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1942 to 2/21 1942, and that I last saw h alive on 2/21 1942.

Immediate cause of death Myocardial infarction — Duration 12 hrs
Due to Coronary occlusion
Due to
Other Conditions Hypertension Heart disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Austrian
Address Johns Hopkins Hosp. Date signed 2/21/42 M.D.

F 89453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered Number F 89453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N Caroline St.

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) DNK

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL, and give town)

(d) Street No. 1014 Forrest St Balto. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Howard S REISSER (Birth F-35252)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 16 1941

8. AGE: Years | Months: 5 | Days: 6 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Sebastian Greiser

FATHER — 13. Birthplace Balto Md.

MOTHER — 14. Maiden Name Alice Wagner

MOTHER — 15. Birthplace Westminster Md.

16 (a) Informant Alice Greiser

(b) Address 1015 N. Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) 2-26-42 (Date rec'd by registrar) (b) [illegible] Huntington Ave Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22/42 19 . age 8 m M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22/ 19 42 to 2/22/ 19 42 and that I last saw h[illegible] alive on 2/22/ 19 42

Immediate cause of death: Diarrhea & enteritis infectious origin

Due to —do—

Due to —

Other Conditions MARASMUS – BRONCHO PNEUMONIA.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration: 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. C. Vangrator

Address St Joseph's Hospital Date signed 2nd M 2/25/42

VS 3

F 89454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F-89454

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BESSIE FOSTER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41?			hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant: Rev. J. S. Hundershott
(b) Address 1402 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2, 24, 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Brooklyn Q. A. Co Md

18 (a) Funeral director Mrs Ida Daily
(b) Address 1429 Jefferson St

19 (a) FEB 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1942, at 9:30 p M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular	
Due to Disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Abrahamson M.D. Medical Examiner.
Date signed 2-20-42

VS 6

F 89455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 89455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 S Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 W
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. 3232 Elliott St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Betz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frederick Betz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3-1876

8. AGE: Years 65 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Casper Gessner
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Ortt
15. Birthplace Germany

16 (a) Informant Mr. G. Kokemer
(b) Address Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location O'Donnell St. Rd.

18 (a) Funeral director John G. Connelly
(b) Address Essex Md.

19 (a) FEB 24 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 42 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to W death on the day stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Gelbreath M.D. Medical Examiner.
Date signed 2/26/42

VS 6

F 89456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 89456

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 W. Mosher (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anna Sudbrink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh.	Widowed

6 (b) Name of husband or wife Sudbrink

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-63

8. AGE: Years	Months	Days	If less than one day
79	1	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Joseph Hicks
13. Birthplace Germany

MOTHER
14. Maiden Name Mont Krebs
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Markenroth
(b) Address 936 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 '42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1420 Light St.

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1942, at 2:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1942, to Feb 23 1942, and that I last saw h[illegible] alive on Feb 23 1942.

Immediate cause of death	Duration
(a) Lobar Pneumonia and Bronchopneumonia	2 days
Due to (b) Fractured femur - left	
Due to (c) Cerebral arteriosclerosis	
Other Conditions Cardiac Hypertrophy & Dilatation. Hypostatic Congestion & Debilitation.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 18 at 6 P.M.
(c) Where did injury occur? [illegible] (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Became dizzy and fell down floor

23. Signature M. V. Polumbo M. D.
Address Maryland Hospital Date signed 2-25-42

H. L. Wallenmeyer, M.D. per Dowell

F 89457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1961

F 89457

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Ironwood St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 10
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Jennie Katz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER 12. Name Nathan Hirsh Abramowitz

13. Birthplace Russia

MOTHER 14. Maiden Name Rach Dora

15. Birthplace Russia

16 (a) Informant Harry Katz

(b) Address 2401 N. Capitol st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Harmony Rum

Location Sadyrie Corp Cemetery

18 (a) Funeral director Jack Cannon Inc

(b) Address 1439 E. Baltimore St

19 FEB 24 1942 (b) Huntington Williams, M.D. Registrar

(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1942 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/ 1942 to 2/23 1942 and that I last saw h[illegible] alive on 2-23 1942.

Immediate cause of death: Acute cardiac failure — Duration: 4 days

Due to: Hypertension

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey L. Fuller M. D.

Address Sinai Hospital Date signed 2/22/42

VS 3

F 89458

F 89458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Old Mail Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Louis Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Bar
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory Baufort
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) FEB 24 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942, to Feb 23 1942, and that I last saw her alive on Feb 23 1942.

Immediate cause of death — Acute Myocard. Infarction — Duration

Due to Hypert. C-V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Gutter M. D.
Address Sinai Hospital Date signed Feb 23, 1942

VS 3

F 89459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 89459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland Ave.
(c) Hospital or institution: Kirkeleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha J. Bolgiano

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Willard Grove Bolgiano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1862

8. AGE: Years	Months	Days	If less than one day
79	11	15	hr. min.

9. Birthplace Texas, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Owen Shields
13. Birthplace Belfast, Ireland

MOTHER
14. Maiden Name Jane Brown
15. Birthplace Armagh, Ireland

16 (a) Informant Mr. C. C. Croggan
(b) Address 5203 Purlington Way

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/25/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North and Pa. Aves.

19 (a) FEB 24 1942 Registered [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 42 at 5.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July – 1937 to 2/22 1942 and that I last saw h[illegible] alive on 2/22 1942.

Immediate cause of death

Duration

Myocardial Insufficiency 4 years

Due to Arteriosclerosis 8 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 336 Bayard Av. Date signed 2/23/42 M.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 89460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 89460
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place.
(c) Hospital or institution:
Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Colgate Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
ISABELLE ANNA ABBOTT

3 (b) If veteran, name war
None

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John N. Abbott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1867

8. AGE: Years 74 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John M. Ashton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emely Frampton
15. Birthplace Baltimore, Md.

16 (a) Informant John N. Abbott
(b) Address 2912 Louise Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St.

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Filed Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1942 19 , at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1942 to 2/23 1942 and that I last saw h. alive on 2/21/42 1942

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson M. D.
Address 2324 Huntington Av. Date signed 2/23/42

VS 3

F 89461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W F 89461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Lamley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Lamley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph C Beissler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Eva Beissler

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 26 1865

8. AGE: Years	Months	Days	If less than one day
78	10	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Copper works retired

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace

MOTHER
14. Maiden Name Dont know
15. Birthplace

16 (a) Informant Mrs Agnes King
(b) Address 2222 Lamley St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 26 /42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

19 (a) FEB 24 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 23 1942 and that I last saw h[e]r alive on Feb 23 1942

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Cerebral Arteriosclerosis & Hypertension	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mac H Stevenson

Address 2007 E Pratt St Date signed 2/25/42 M. D.

F 89462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2246 Eutaw Place.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2246 Eutaw Place (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Germany.

3 (a) FULL NAME HANNA HOLLANDER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1861

8. AGE: Years 80 | Months 10 | Days - | If less than one day ____ hr. ____ min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Solomon Hirsch,
13. Birthplace Germany.

MOTHER 14. Maiden Name ------- Levy,
15. Birthplace Germany.

16 (a) Informant Mr. Frank Hollander.
(b) Address 2246 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Location Balto. Md.

18 (a) Funeral director [signature]
(b) Address 1902 Eutaw Place.

19 (a) FEB 24 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22nd. 1942 at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1942 to 2-22-1942 and that I last saw her alive on 2-22-1942.

Immediate cause of death	Duration
Bronchitis and Bronchopneumonia	1 week
Due to	
Due to	
Other Conditions: Pernicious Anemia, Hypertension, Heart Disease, Parkinson's Disease (Include pregnancy within 3 months of death)	? years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Weiner MD
Address 11 E. Chase St. Date signed 2/24/42 M. D.

F 89463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-8

F 89463 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Castle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert A. Snyder (Birth F-29963)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1941

8. AGE: Years	Months	Days	If less than one day
	11	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER — 12. Name Robert F. Snyder
13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name Edna V. Akers
15. Birthplace Baltimore Md.

16 (a) Informant Robert F. Snyder
(b) Address 1825 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26. 42 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location North Ave & Mt Lyon Lane

18 (a) Funeral director Harry A. Wetzler
(b) Address 4101 Edmondson Ave.

19 (a) FEB 24 1942 (b) Registrar's signature Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1942, at 7.1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1942 to Feb. 23, 1942, and that I last saw him alive on Feb. 23, 1942.

Immediate cause of death: Malnutrition + Cachexia — Duration: 8 weeks
Due to: Miliary Tuberculosis — Duration: 4 months
Due to: — Duration: own
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Wetzler, M. D.
Address Mercy Hosp. Date signed Feb. 25

F 89464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 89464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2713 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2713 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Marie Bagwell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Wm J. Bagwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1876

8. AGE: Years 66 | Months — | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At home.

11. Industry or business

FATHER 12. Name John E. Godwin
13. Birthplace Churchill, Juanita Co. Pa.

MOTHER 14. Maiden Name Marie L Kolb.
15. Birthplace Hoyt Mill Jeuntown

16 (a) Informant Miss Nellie Bagwell
(b) Address 2713 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Sutton Knightsford
(b) Address 501 E 32nd St. (A)

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23rd 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1942 to Feb 23, 1942; and that I last saw ~~her~~ alive on Feb. 23, 1942.

Immediate cause of death	Duration
Bronchopneumonia	12 hrs.
Due to Chronic Myocarditis and Arteriosclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Taylor M.D.
Address 3902 Greenmount Ave. Date signed Feb. 23, '42

VS 3

F 89465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 89465

Registered No.

1. PLACE OF DEATH 353 Rosebank Ave

CITY OF BALTIMORE: (No.) St. 43-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Belle Sinton

If U. S. Veteran specify WAR

(a) Residence: No. 707 Lenox St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George S. Sinton

6. DATE OF BIRTH (month, day, year): Dec-4-1848

7. AGE: Years 93 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Richmond Va.

FATHER

13. NAME: James H. Peay

14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Robert D. Sinton (son)

(Address) Blonde Apts. 33rd & St. Paul Sts

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Feb 25/43

19. UNDERTAKER: STEWART & MOWEN COMPANY

(Address) (W. F. MOWEN SUCC.) 108 W. NORTH AVENUE

20. FILED: FEB 24 1943 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1943, to February 23, 1943.

I last saw him alive on Feb 23, 1943. Death is said to have occurred on the date stated above, at 5.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Not Known
Other contributory causes of importance: Osteosarcoma	Not known

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Roberts M. D.

(Address) Edgewood Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2.2

F 89466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-W

F 89466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3630 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3630 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roseanna B. Erich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Chas. A. Erich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1853

8. AGE: Years	Months	Days	If less than one day
88	4.	28.	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Home Duties

FATHER
12. Name William Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Malinda Griffith
15. Birthplace Virginia

16 (a) Informant Mrs. Lillie C. Diggs
(b) Address 615 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore Md.

18 (a) Funeral director Maurice Cook Sapper
(b) Address 1600 W. North Ave.

19 (a) Received by (Signature) (b) Huntington Williams M.D.

FEB 24 1942

VS 2

MEDICAL CERTIFICATION (1)

20. DATE OF DEATH Feb. 22 1942, at 2-45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26- 1941, to 2-22- 1942 and that I last saw h[illegible] alive on 2-22- 1942

Immediate cause of death	Duration
(a) Cardio Renal	6 Yrs
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 3632 Roland Ave Date signed 2/24/42

F 89467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 89467

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 2512 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT BRUCE THOMAS

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1886

8. AGE: Years 56 | Months 0 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wesley Thomas
13. Birthplace Dorchester Co. Md

MOTHER
14. Maiden Name Mary Roberts
15. Birthplace Baltimore, Md.

16 (a) Informant J. Elwood Armstrong
(b) Address 916 Elmwood Ave. Ruxton

17 (a) Burial (Burial, ~~cremation, or removal~~)
(b) Date thereof 2-25-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Maryland

18 (a) Funeral director George A. Weber
(b) Address 705 South Arlington Ave. Thereby for Williamsville, Md.

19 (d) FEB 24 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 19 42 at 11 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death — Duration

Chronic alcoholism

Due to

Due to

Other Conditions ~~No~~

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ~~No~~
of autopsy: ~~No~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-23-42

VS 6

F 89468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-D F 89468

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 Leadenhall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Leadenhall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minta Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife James
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1874

8. AGE: Years	Months	Days	If less than one day
69	10		hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Benjamin Williams
13. Birthplace Md

MOTHER
14. Maiden Name Sadie Savage
15. Birthplace Md

16 (a) Informant Viola R. Downes
(b) Address 42 3 W Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 24 (day) 42 (year)
(c) Cemetery or crematory Mt Calvary
Location A R Co Md

18 (a) Funeral director Josiah R Brown Jr
(b) Address 108 W Monument St

19 (a) FEB 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 2/21 1942, and that I last saw her alive on 2/21 1942.

Immediate cause of death Uraemia 5 days

Due to Chronic nephritis + myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Frankley M. D.
Address 1 W Lee Date signed 2/23/42

VS 2

F 89469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Etting St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irwin B. Taylor

3 (b) If veteran, name war W-W

3 (c) Social Security Account No. 213-05-3578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	10	hr. min.

9. Birthplace Providence R.I. (Town, county, and state)

10. Usual Occupation

11. Industry or business Feed merchant

FATHER
12. Name David E. Taylor
13. Birthplace Md

MOTHER
14. Maiden Name Carrie Saunders
15. Birthplace Md

16 (a) Informant Lena Johnson (S)
(b) Address 1820 Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director David L. Burns & Son
(b) Address 108 W Montgomery St

19 (a) FEB 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1942 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1942 to 2-22 1942 and that I last saw him alive on 2-22 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Thompson M. D.
Address Maternity Hospital Date signed 2-22-42

VS 3

F 89470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Madison Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARL J. FREEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 11, 1893

8. AGE: Years 49 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name ?
13. Birthplace Pa.

MOTHER
14. Maiden Name ?
15. Birthplace Pa.

16 (a) Informant Dorothy Freeman
(b) Address 2308 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. W. Holland
(b) Address 1847 Druid Hill Ave.

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wallenmaier MD and Medical Examiner.
Date signed 2-24-42

VS 6

F 89471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 89471

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mae Watson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Wm Watson

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 21, 1898

8. AGE: Years	Months	Days	If less than one day
43	6	21	hr. min.

9. Birthplace Chester Penna. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER 12. Name George Harkins

13. Birthplace Delaware

MOTHER 14. Maiden Name Susie Harkins Veil

15. Birthplace Delaware

16 (a) Informant Wm Watson

(b) Address R7 Box Gapo, Penna

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)

(c) Cemetery or crematory St Johns

Location Ellicott City

18 (a) Funeral director J.C. Higinbotham

(b) Address Ellicott City, Md.

19 (a) Date received FEB 24 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1942 at 4:08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1942 to Feb. 22 1942 and that I last saw h-- alive on Feb. 22 1942

Immediate cause of death: Acute Cardiac Failure — Duration

Due to Degenerative Cardio Vasc. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Pound M.D.

Address St Agnes Hos. Date signed 2/24/42

F 89472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89472
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Mt. Holly St (If rural give location)
(e) Witness of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Martin Syron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1892

8. AGE: Years 49 50 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name John Martin Sueller
13. Birthplace Germany.

MOTHER
14. Maiden Name Catherine [illegible]
15. Birthplace Maryland.

16 (a) Informant Mrs Harry B Ryan
(b) Address 3578 Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location A. A. Co. Md.

18 (a) Funeral director John J. Fallon Sons
(b) Address 1310 Light St

19 (d) FEB 24 1942 (Date rec'd by registrar) Hunter Jr Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22, 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 22 1942, and that I last saw her alive on Feb 22 1942.

Immediate cause of death: Pituitary tumor

Due to

Due to

Other Conditions: Essential hypertension ? yrs.

(Include pregnancy within 3 months of death)

Date of operation Feb 20 1942 (exploratory)

Major findings of operation: Increased intracranial pressure

of autopsy:

Duration: 6 mos - 1 yr. each

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] S. Cannon M.D.
Address University Hospital Date signed 2/23/42

VS 3

F 89473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 89473

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 Bank St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Dalto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Bank St (If rural give location)
(e) Citizen of foreign country? U S (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Pawelczyk

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1890

8. AGE: Years	Months	Days	If less than one day
61	7	16	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name Teofila Krucynska
15. Birthplace Poland

16 (a) Informant Jim Pawelczyk
(b) Address 1731 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St East

18 (a) Funeral director Wm. B. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) FEB 24 1942 (Date Registrar Received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22nd 1942, at 4:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20th 1942, to Feb 22nd 1942, and that I last saw h alive on Feb 20th 1942.

Immediate cause of death Acute Pulmonary Edema — Duration 1 Hr

Due to Myocardial Degeneration — 2 Yrs

Due to Marked Senility Arteriosclerosis and Malignancy of Liver

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. F. Rio, M. D.

Address 24 S. Bouy Date signed Feb. 23rd 1942

VS 1

F 89474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939 F. 89474 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 Glydon ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 Glydon ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANThony (ANTon) S. ThoMAS.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-2571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife CAROLINE.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Tailor.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Anthony Thomas Jr.
(b) Address 1335 Glydon ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd

18 (a) Funeral director Joseph Kasunkas Jr.
(b) Address 60 Wash. Blvd

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 22 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1939 to FEB 22 1942 and that I last saw h[illegible] alive on FEB 22 1942

Immediate cause of death Cardio Vascular Disease — Duration 5-'39

Due to Arteriosclerosis

Due to

Other Conditions Bronchitis Asthma — 1939

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Milan M.D.
Address 68 Washington Blvd Date signed 2-23-42 M. D.

VS 3

F 89475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-f

F 89475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Eugene Lamb (Booth F-43694)

3 (b) If veteran, name war —

3 (c) Social Security Account No. ~

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/30/42

8. AGE: Years ~ | Months ~ | Days 23 | If less than one day hr. min.

9. Birthplace South Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Lamb

13. Birthplace Va

MOTHER 14. Maiden Name Virginia Holiday

15. Birthplace W Va

16 (a) Informant William Lamb

(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 42 (month) (day) (year)

(c) Cemetery or crematory Woodbourne

Location White Hall, Md

18 (a) Funeral director P. Mackelmore Sons

(b) Address White Hall, Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

FEB 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/ 19 42, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1942, to 2/25 1942, and that I last saw h alive on 2/21 19 42.

Immediate cause of death Bronchitis, Pneumonia — Duration 1 week

Due to Tuberculosis & Syphilis

Due to

Other Conditions exhibition promiscuity of fast and loose (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Stein M. D.

Address So. Balto. Md. Hosp. Date signed 2/25/42

F 89476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 89476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 550 Block Greenfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 Greenfield (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Krach

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie M. Krach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21st 1855

8. AGE: Years	Months	Days	If less than one day
86	5	27	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Caspar Krach
13. Birthplace Germany

MOTHER
14. Maiden Name — Krugmel
15. Birthplace Germany

16 (a) Informant John W. Otto
(b) Address 5401 Bennett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26/42 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Balto. City Md

18 (a) Funeral director Sassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

FEB 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1942 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/22/42 at 11:30 A.M.
(c) Where did injury occur? 550 Bl. Greenfield Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Clothes afire while burning brush

23. Signature W. Blandy Duff M.D.
Medical Examiner.
Date signed 2/22/42

F 89477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64-a

F 89477

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Key Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-19
(e) Length of stay in Baltimore (yrs., mos., or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Pittsburgh
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Howe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David D. Doran

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	192-18-1675	Male	White	Married

6 (b) Name of husband or wife Sarah J. Doran
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 27, 1875

8. AGE: Years	Months	Days	If less than one day
66	7	9	hr. min.

9. Birthplace Clearfield, Penna.
(Town, county, and state)
10. Usual Occupation Salesman (Retired)
11. Industry or business Shoe

FATHER
12. Name Daniel Doran
13. Birthplace Unknown (U.S.A)

MOTHER
14. Maiden Name Mary Mysey
15. Birthplace Ireland

16 (a) Informant Mrs. Sarah J. Doran
(b) Address 5810 Key Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Pittsburgh, Penna.

18 (a) Funeral director C. Kerr & Company
(b) Address 4611 Penn Heights Ave.

19 (a) FEB 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942 at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an J Henry (Autopsy or Inquiry) thereon and from the evidence obtained by said .. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Landerkin M.D.
Medical Examiner.
Date signed 2/24/42

VS 6

F 89478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

144-D Registered No. E 89478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 So Clinton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 So Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mervin E. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1901

8. AGE: Years	Months	Days	If less than one day
40	9	17	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Sweden

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mervin E. Wilson
(b) Address 218 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem
Location E. Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1942 at 2 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hodgkins Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Saudenight M.D. Medical Examiner
Date signed 2/21/42

VS 6

F 89479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

Registered No. F 89479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 46 Hanover (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Harry Kline

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-6310

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Can Factory

FATHER
12. Name Thomas H. Kline
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Schuman
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna Broden
(b) Address 314 N. Robenson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24 42 (month) (day) (year)
(c) Cemetery or crematory H. Matthews
Location O'Donnell St

18 (a) Funeral director S. Walter May
(b) Address 619 N. Boulevard St

19 (a) Date received by Registrar Feb 24 1942 (b) Hunterstown Hilliams, Md Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1942 at 10 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandegrift M.D. Medical Examiner
Date signed 2/24/42

F 89480

MA 71779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89480

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 686 Mulberry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Little

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1940

8. AGE: Years	Months	Days	If less than one day
1	7	13 14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Zeide Little
13. Birthplace North Carolina

MOTHER
14. Maiden Name Ella Johnson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katey R Williams
(b) Address 322 S Schroeder St

19 (a) Feb 24 1942 (Date received by Registrar) (b) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1942 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 19 42 to 2/20 19 42 and that I last saw him alive on 2/20 19 42

Immediate cause of death: Tuberculous meningitis — Duration: 10 days
Due to: Tuberculous pneumonia — 20 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Gynecological Tuberculosis at C.M.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature I. D. Greenberg M. D.
Address Baltimore City Hospitals Date signed 2/22/42

F 89481 Fr. De Barbieri - 4723 Park Heights Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89481

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4400 Falls Road.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4400 Falls Road. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie E. Dunsmore.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James G. Dunsmore

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1883

8. AGE: Years	Months	Days	If less than one day
58	4	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Gates.

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Shoemaker.

15. Birthplace Md.

16 (a) Informant James G. Dunsmore.

(b) Address 4400 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge.

Location Pikesville, Md.

18 (a) Funeral director Thanhouser & Donovan

(b) Address 3685-87 Chestnut Ave

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION p.

20. DATE OF DEATH February 22, 1942 at 11.10 P.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Feb. 22 1942, and that I last saw h alive on Feb 18 1942.

Immediate cause of death Cerebral Hemorrhage.

Duration 1 week

Due to Hypertension 3 yrs

Cortico Sclerosis 3 yrs

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred L. DeBarbieri M.D.

Address 4723 Park Heights Ave. Date signed 2/24/42

89482 RC(71794)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 St. Matthew Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Butler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?? 85 1857

8. AGE: Years	Months	Days	If less than one day
85	-		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Washes Cars
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Rev. H. A. Mac Will, Huntingtown, Md.

19 FEB 24 1942 (b) 8
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-16 1942, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1942 to 2-16 1942, and that I last saw him alive on 2-16 1942.

Immediate cause of death: Uremia — Duration ?
Due to: Hypertensive C.V. disease — Duration ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard R. Rabbitt M. D.
Address Balto. City Hosp. Date signed 2-24-42

VS 3

7067

89483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 89483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 317 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1011 Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Henderson 64861

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1902

8. AGE: Years	Months	Days	If less than one day
39	9	12	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name James
13. Birthplace Va

MOTHER
14. Maiden Name Clara Phillips
15. Birthplace Va

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1942
18 (a) Funeral director Commissioner of Health
(b) Address Penn. Ave. Hunting & Williams, M
19 FEB 24 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1942, at 9:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1941, to Feb 12 1942, and that I last saw him alive on Feb. 12 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	22 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun, M.D.
Address Balto. City Hosp Date signed 2-13-42

VS 3

7066

F 89484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAUDE SIMMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife George I. Simms
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1865

8. AGE: Years	Months	Days	If less than one day
76	1	29	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mason Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Jane ?
15. Birthplace

16 (a) Informant George I. Simms
(b) Address 1309 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1942 19 , at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to February 23 1942, and that I last saw h.m. alive on Feb. 23 1942

Immediate cause of death: Arteriosclerotic Cardiovascular Disease with Hypertension — Duration: 10 Yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Jenner M.D.
Address 101 W. Read St. Date signed 2/24/42

VS 3

F 89485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 W. Cross Street (If rural-route location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Harvard O. Griffin

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-9875

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. EFFIE Griffin

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1880

8. AGE: Years 62 | Months 3 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county and state)

10. Usual Occupation Rigging Roller

11. Industry or business Koppers Corp.

FATHER
12. Name Charles Griffin
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha J. Martin
15. Birthplace Maryland

16 (a) Informant Mrs. H. O. Griffin
(b) Address 1137 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location Balto. Md.

18 (a) Funeral director Geo. E. Engelbrecht
(b) Address 525 Lyndhurst St

19 (a) Date received FEB 24 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1942 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Feb 23 1942 and that I last saw he alive on Feb 23 1942

Immediate cause of death	Duration
(a) Uremia	
Due to	
Due to	
Other Conditions: arteriosclerotic Cardio-Vascular Disease (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy: arteriosclerosis	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. DeVincentis M. D.
Address Mercy Hospital Date signed 2-23-42

F 89486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76-a

Registered No. F 89486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Bernice Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Katherine D. Roesler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife William Roesler
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) May 2, 1892

8. AGE: Years	Months	Days	If less than one day
49	9	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frank Boettinger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Jennie Ritter
15. Birthplace Baltimore Md.

16 (a) Informant William Roesler
(b) Address 22 N. Bernice ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St

19 (a) FEB 24 1942 (b) Huntington Williamsport, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1942 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 2-23 1942 and that I last saw h[illegible] alive on 2-22 1942

Immediate cause of death
Angranulocytic Angina
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Coffman
Address Md. General Hosp. Date signed 3/25/42

F 89487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89487 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 351 S. Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 351 S. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosina Wueger Ernest

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Charles H. Ernest
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1867

8. AGE: Years	Months	Days	If less than one day
74	4	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John M. Wueger
13. Birthplace Switzerland

MOTHER
14. Maiden Name Rosina Weyler
15. Birthplace Germany

16 (a) Informant Charles H. Ernest
(b) Address 351 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 194 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick Lobe
(b) Address 1200 W. Lombard St.

19 FEB 24 1942 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1938 to Feb. 20 1942 and that I last saw h er alive on Feb. 20 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	1 yr
Due to	
Due to Hypertensive heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2070 Wilkens Ave Date signed 2/23/42

89488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLD SPRING LANE
(c) Hospital or institution: COLD SPRING NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town WHITE HALL (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME LENA REBECCA ISENNOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife CHARLES HENRY ISENNOCK 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC. 29, 1865

8. AGE: Years	Months	Days	If less than one day
76	1	25	— hr. — min.

9. Birthplace BLENHEIM, BALTO. Co., MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name AUGUST REUTER
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name DOROTHY ?
15. Birthplace UNKNOWN

16 (a) Informant MR. THOMAS ISENNOCK
(b) Address 3601 OLD YORK RD., GOVANS

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory CHESTNUT GROVE
Location JACKSONVILLE, BALTO. CO., MD.

18 (a) Funeral director John Bussey's Sons
(b) Address Towson, Md.

19 (a) FEB 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 23, 1942, at 12:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1941 to Feb 23 1942, and that I last saw her alive on Feb 20 1942.

Immediate cause of death
cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterson M. D.
Address 2324 Reisterstown Rd. Date signed 2/24/42

VS 3

F 89489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89489
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME John Lindsay

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Ruby Konner Lindsay
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1901

8. AGE: Years	Months	Days	If less than one day
40	63	17	hr. min.

9. Birthplace Seamans Hill, Pa (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Josiah K Lindsay
13. Birthplace Washington Co Pa

MOTHER
14. Maiden Name Eleanor Wharry
15. Birthplace Washington Co Pa

16 (a) Informant Wife
(b) Address 1420 S Charles

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/24/42 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows
Location Frownfield Pa.

18 (a) Funeral director Mullen Co
(b) Address 1219 St Paul St

19 FEB 25 1942 (Date filed by Vital Statistician) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942, at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942, to Feb 23 1942, and that I last saw him alive on Feb 23 1942

Immediate cause of death Cardiac Failure — Duration 3 days
Due to Hypertension — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Done at J. H. Hosp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Dehas M. D.
Address Sinai Hosp Date signed 2-25-42

F 89490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89490 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Chesnolia Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Fleet St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Joseph Jankowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Marie Jankowski

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 14 1879

8. AGE: Years 62 | Months 11 | Days 10 | If less than one day: hr. min. 1

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tavern keeper

11. Industry or business

FATHER
12. Name Andrzeii Jankowski
13. Birthplace Poland

MOTHER
14. Maiden Name Marie Bagrowicz
15. Birthplace Poland

16 (a) Informant Marie Jankowski
(b) Address 1707 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 FEB 25 1942 Huntington, Williamsport, Md. (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942, to Feb 24 1942, and that I last saw him alive on Feb 24 1942.

Immediate cause of death: Chronic Congestive Cardiac Failure — Duration: 5 months

Due to: Arteriosclerotic Heart Disease

Due to: Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Cather M. D.
Address Chesnolia Home & Infirmary Date signed 2-25-42

VS 2

F 89491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 Sherwood Hotel Monument & Park SHERWOOD (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Perry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	White	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1862

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Cumberland Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Judge T Perry
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Forney
15. Birthplace Cumberland Md

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Woods
Location Chicago Ill

18 (a) Funeral director Henry W Jenkins Undertaker
(b) Address Orchard & Mt Auburn Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
FEB 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1942 to 2/24 1942, and that I last saw h~~im~~ alive on 2/24 1942.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Allen M. D.
Address So. Balto. Gen. Hosp. Date signed 2/24/42

F 89492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89492 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Wyndhurst Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Wyndhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nanette C. New

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles W. New Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/22/53

8. AGE: Years 88 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Phila. Pa. (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business

FATHER
12. Name: Rev. F. W. Dinger
13. Birthplace: Switzerland

MOTHER
14. Maiden Name: Caroline Guck
15. Birthplace: Germany

16 (a) Informant: Mrs. Caroline Gorman
(b) Address: 612 Wyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemy.
Location: Fred. Ave. Balto. Md.

18 (a) Funeral director: John O. Metchell Funeral Home Inc.
(b) Address: 1900 Eutaw Place.

19 (a) FEB 25 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1942, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to Feb 23 1942, and that I last saw h[illegible] or alive on Feb 23 1942.

Immediate cause of death: Arteriosclerotic Cardiac — Duration
Due to: Old Cala Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William J. Gorman M.D.
Address: 5006 Roland Ave. Date signed 2/25/42

VS 3

F 89493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-B

F 89493
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3537 Keswick Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3537 Keswick Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Erma N. Schneider

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas. Schneider

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 23 1902

8. AGE: Years 40 | Months 1 | Days 0 | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name James T. Garrison
13. Birthplace Va

MOTHER
14. Maiden Name Carrie B. Shipley
15. Birthplace Md

16 (a) Informant Miss Doris Schneider
(b) Address 3537 Keswick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Reg. L. Beyer Jr
(b) Address 1512 N. Gallows St. Huntingtown Wilkesville, M.D.

19 (a) FEB 25 1942 (b) — (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23, 1942 at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941 to 2/23 1942 and that I last saw h. er alive on 2/24 1942

Immediate cause of death
Carcinoma, Diffuse, Abdominal
Due to Carcinoma of Uterus

Duration 6 mos 17 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Walter H. Hoffr M. D.
Address 2020 N. Charles St Date signed 2/25/42

VS 3

F 89494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calhoun & Fayette

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3813 Forest Park Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Albert M Ramey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17-1860

8. AGE: Years 81 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Telegrapher (Retired)

11. Industry or business Penna Railroad

FATHER

12. Name Albert T Ramey.

13. Birthplace Va

MOTHER

14. Maiden Name Elizabeth Ann Vane

15. Birthplace Md

16 (a) Informant Mr. Paul Smith

(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto Md

18 (a) Funeral director Geo. L. Boyer Jr

(b) Address 1512 Fulton St

19 (a) FEB 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23/42 19 , at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22/42 19 , to 2/23/42 19 , and that I last saw him alive on 2/23/42 19 .

Immediate cause of death Heart Failure — Duration

Due to: a) General post Apoplectic Seizures

Due to: b) Cerebral Thrombosis

Due to: c) Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 2/23/42

VS 2

F 89495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 Registered No.

F 89495

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1505 N. Regester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August A. Trageser

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-5396

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Trageser

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1878

8. AGE: Years	Months	Days	If less than one day
63	5	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Restaurant clerk

11. Industry or business

FATHER
12. Name Henry Trageser
13. Birthplace York, Pa

MOTHER
14. Maiden Name Louise Seibert
15. Birthplace Germany

16 (a) Informant Mary Trageser
(b) Address 1505 N Regester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto md

18 (a) Funeral director Albert W. Burger
(b) Address 440 E north Ave

19 (Date received by registrar) FEB 25 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21- 1942, at 11-45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held the Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	
Due to Empyema - communicated from ?	
Due to Syph Tbc, fibrosis	
Other Conditions Anemia, Scirrhus Stomach (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-12-42 at 8:50 P.M.
(c) Where did injury occur? Broadway & Federal St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian, struck by automobile

23. Signature Edward J. Hubbeler M.D. Medical Examiner.
Date signed 2-22-42

VS 6

F 89496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-A

F 89496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1462 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1462 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelia Currey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1889

8. AGE: Years 52 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Curtis
13. Birthplace Md.

MOTHER
14. Maiden Name Cornelia Parker
15. Birthplace Md

16 (a) Informant Charles Currey
(b) Address 1462 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location G.G. county Md

18 (a) Funeral director Mrs P.G. Elliott Dept
(b) Address 1129 N. Carolina St

19 (a) FEB 25 1942 (b) Huntington Williams M.D.
(Registrar) (Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/21 1942 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 - 1942 to 2/21 1942.
and that I last saw him alive on 2/20 1942.

Immediate cause of death: Cerebral Apoplexy + Paralysis.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Fletcher M. D.

Address 2139 Druid Hill Ave Date signed

F 89497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 107

F 89497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 902 N Dallas St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 902 N Dallas St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Catherine Kate Allison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1864

8. AGE: Years 78 Months / Days / If less than one day hr. min.

9. Birthplace Harford County Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joshua Buckham

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant Lillie Comegys

(b) Address 902 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cemetery

Location

18 (a) Funeral director Mrs R.A. Elliott & Daughter

(b) Address 1129 N. Caroline St.

19 (a) FEB 25 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1942, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1942 to Feb 22 1942, and that I last saw her alive on Feb 22 1942

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Congestive Heart Failure — 1 day

Due to

Other Conditions Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature F. K. Adams M. D.

Address 222 N. Caroline signed

2-24-42

VS 3

F 89498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30 E

F 89498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 W. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 N Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Almeada W MITCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-4057

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1904

8. AGE: Years 38 | Months - | Days 19 | If less than one day hr. min.

9. Birthplace Balto, City (Town, county, and state)

10. Usual Occupation piano player

11. Industry or business

FATHER 12. Name William Mitchell

13. Birthplace Va

MOTHER 14. Maiden Name Annie Green

15. Birthplace Howard Co, Md.

16 (a) Informant Carrie Parker

(b) Address 203 West 24 St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Feb 28-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A & Co Rds

18 (a) Funeral director Robt F. Williams

(b) Address 1515 McElderry St

19 (a) Date received by Registrar FEB 25 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/23/ 1942, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13/ 1942, to 2/23/ 1942, and that I last saw h[illegible] alive on 2/23/1942.

Immediate cause of death UREMIA

Due to HYPERTENSIVE C.VAS-CULAR DISEASE [redacted]

Due to [redacted]

Other Conditions Lues - Latent

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Blank

Duration 4 Days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Thompson

Address St Joseph's Hospital Date signed 2/23/42

F 89499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

F 89499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Year-s

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Cletus B. Harbaugh (Harbaugh)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Harbaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13-1902

8. AGE: Years	Months	Days	If less than one day
39	4	11	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Tavern Keeper
11. Industry or business

FATHER 12. Name Dont Know
13. Birthplace Pa

MOTHER 14. Maiden Name Dont Know
15. Birthplace Pa

16 (a) Informant Helen Harbaugh
(b) Address 2818 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto

18 (a) Funeral director John Ullrich
(b) Address 2017 Ullrich Huntingdon Williams, M.D.

19 (a) FEB 25 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1942, at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1942 to 2/24 1942, and that I last saw h[illegible] alive on 2/24 1942.

Immediate cause of death: Cardiac Failure — Duration

Due to Lobar Pneumonia — 4 days

Due to Keratitis + Arteriosclerosis

Other Conditions Diabetes

(Include pregnancy within 3 months of death)
Date of operation 2/12/42
Major findings of operation Diverticulitis
of autopsy: Peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Rinnamon M. D.
Address 2/24/42 Date signed
Mercy Hosp

VS 3

F 89500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Erdman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77yr

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie L. Bauernschmidt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Bauernschmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1864

8. AGE: Years 77 | Months 4 | Days 5 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER 12. Name Nicholas Kress
13. Birthplace Germany

MOTHER 14. Maiden Name Margaretha Ruether
15. Birthplace Germany

16 (a) Informant John Bauernschmidt
(b) Address 4907 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Winston Mill Road

18 (a) Funeral director John Ulbrich
(b) Address 2006 Orleans St

19 (a) FEB 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942 at 2A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Feb 24 1942 and that I last saw h alive Feb 23-24.

Immediate cause of death: Hypertension Cardio Vascular Renal Disease — Duration: Nov 1940

Due to: Auricular Fibrillation

Due to: Acute Cardiac Dilatation

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1001 Cathedral St Date signed FEB 25 1942

VS 8

F 89501 128 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

F 89501 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Arden Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Humberstone

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1934

8. AGE: Years	Months	Days	If less than one day
7	3	28	hr. min.

9. Birthplace Schenectady NY
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Jos F Humberstone
13. Birthplace Toledo Ohio

MOTHER
14. Maiden Name Mary J Thomas
15. Birthplace Galt Dist Mass

16 (a) Informant Joseph Humberstone
(b) Address 3125 Arden Way

17 (a) Removal (b) Date thereof 2/25/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Union Cemetery
Location Columbus Ohio

18 (a) Funeral director John Ulrich
(b) Address 200 E Orleans

19 (a) FEB 25 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942; at 6 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage in Thrombosis of brain - Cerebral	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandersloot M.D.
Medical Examiner.
Date signed 2/24/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly, correct age is especially important.

VS 6

F 89502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0

F 89502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Mendelth Roswell Road (If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Run (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma L. Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1862

8. AGE: Years	Months	Days	If less than one day
79	8	17	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Black-Smith
11. Industry or business Retired

FATHER
12. Name James F. Johnson
13. Birthplace NC

MOTHER
14. Maiden Name Dorr Knox
15. Birthplace NC

16 (a) Informant James F. Johnson
(b) Address Dogwood Run Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2608 Ashburton Ave Huntington Williams, Md.

19 (a) FEB 25 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942 at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) .. find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/25/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly, correct age is especially important.

VS 6

F 89503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 89503

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Orkney Road (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3 (a) FULL NAME Mrs Anne Battye (Evelyn Rose Anne Battye)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: Application Filed # Pending

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. Kenneth Battye
6 (c) If alive, give age: 33 years
7. Birth date of deceased (mo., day, yr.): May 14 1910
8. AGE: Years: 31 Months: 9 Days: 10 If less than one day: hr. min.
9. Birthplace: Stoke on Trent England (Town, county, and state)
10. Usual Occupation: Cable Operator
11. Industry or business: British Overseas Airways

FATHER
12. Name: Rees Jones
13. Birthplace: South Wales

MOTHER
14. Maiden Name: Kate Phillips
15. Birthplace: England

16 (a) Informant: Mr. Kenneth Battye
(b) Address: 526 Orkney Road Balt.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Huntington Williams, M.D.

19 (a) FEB 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1942 to Feb 24 1942 and that I last saw her alive on Feb 24 1942.

Immediate cause of death: Carcinomatosis of Lung primary — Duration: 2 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Carcinoma of Lung - Primary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. M. Cullen M. D.
Address: Church Home + Infirmary Date signed: 2-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, so state. Omission or incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 89504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89504 Registered No. 134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town 4004 Buckingham Road VILLA NOVA
(If outside city or town limits, write RURAL and give town)
Baltimore
(d) Street No. 12-b
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT A. GRAMMES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
U.S. Army	None	Male	White	Married

6 (b) Name of husband or wife Matilida Zellner
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) October 5, 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	4	17		

9. Birthplace Allentown, Pa.
(Town, county, and state)
10. Usual Occupation Retired Lt. Col.
11. Industry or business U. S. Army

FATHER
12. Name Peter Grammes
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Moll
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Ase P. Grammes
(b) Address 2400 Poplar Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address Hamilton & Pa. Ayes, Baltimore, Md.

19 FEB 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23, 1942 at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1942, to Feb. 23, 1942, and that I last saw him alive on Feb. 23, 1942.

Immediate cause of death	Duration
Coronary thrombosis	30 min.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2/19/42
Major findings of operation: Venoclysis; excision of scar; utero-lithotomy.
Autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/23/42 M. D.

VS 3

F 89505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89505 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3117 Belmont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Belmont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

1647

3 (a) FULL NAME Alice Hyson

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George E. Hyson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/1881

8. AGE: Years 60 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Washburn
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Williams
15. Birthplace Boston, Mass.

16 (a) Informant Mrs. Edna Mc Kewin
(b) Address 3117 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) FEB 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1942 at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1934 to 2-24 1942, and that I last saw h[illegible] alive on 2-20- 1942

Immediate cause of death
Acute Coronary Occlusion
Due to Old Coronary disease & Chr. myocarditis
Due to Arterio-sclerosis

Duration
Short
2 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) **While at work?**
(e) Means of injury

23. Signature H. B. Silverhardt M.D.
Address 1901 Eutaw Pl **Date signed** 2/25/42

VS 3

F 89506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89506 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Linden avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Linden avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIA CUNNINGHAM

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Edward Cunningham
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brady
15. Birthplace Ireland

16 (a) Informant Mrs. Walter L. Knell
(b) Address 1302 Linden avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Edgar F. Evans & Son
(b) Address 118 W. Mt. Royal Ave.

19 (a) (Date received by Local Registrar) FEB 25 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1942 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to Feb 24 1942.
and that I last saw her alive on Feb 25 1942.

Immediate cause of death
Myocarditis
Arteriosclerosis
Duration Gradual
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Hardey M.D.
Address 1403 Park Ave. Date signed 2/26/42

F 89507

MA 61909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 89507

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Durham Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Zubrowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0153

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Regina
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1901

8. AGE: Years	Months	Days	If less than one day
40	6	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unable to work
11. Industry or business

FATHER
12. Name John Zubrowski (d)
13. Birthplace Poland

MOTHER
14. Maiden Name Lillian Kowalski (d)
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Avenue

19 (a) FEB 25 1942 (Date filed by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942 at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1940 to Feb. 23 1942, and that I last saw him alive on Feb. 23 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Greenberg M. D.
Address Baltimore City Hospitals Date signed 2/25/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 89508 72028 ✓ F 89508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Worthy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Cole Worthy
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) November 25, 1912

8. AGE: Years	Months	Days	If less than one day
29	2	29	..... hr. ..... min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Graham
13. Birthplace South Carolina

MOTHER
14. Maiden Name Allen Harrison
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 42 (month) (day) (year)
(c) Cemetery or crematory Good Hope
Location Emmitsburg S. Carolina

18 (a) Funeral director Samuel M. Chase Son
(b) Address 638 N. Gilmor St

19 (a) FEB 25 1942 Huntington Williams, M.D.
(Date received by Local Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 7½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 2-24 1942 and that I last saw her alive on 2-23 1942

Immediate cause of death Pneumonia — Duration 12 hrs.
Due to Peronitis Acute
Due to Acute Salpingitis — over
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2-23-42
Major findings of operation: Same
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Rigdon M. D.
Address BCH Date signed 2-24-42

VS 3

F 89509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Popular Grove
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Battery Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christina Elizabeth Seifert

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Edward B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1856

8. AGE: Years	Months	Days	If less than one day
85	11	2.	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home.

FATHER
12. Name Adam Jansor
13. Birthplace Balto

MOTHER
14. Maiden Name Mathia Koch
15. Birthplace Balto.

16 (a) Informant Mrs. Frances Miller
(b) Address 1412 Popular Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Reisterstown Highway

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave.

19 (a) FEB 25 1942 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Feb 23 1942, and that I last saw her alive on Feb 23 1942.

Immediate cause of death Cardio-Vascular-Renal Disease. — **Duration** 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Barranco M. D.
Address 736 S. Fort Ave. Date signed 2/24/42

correct age is especially important

VS 3

F 89510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 89510 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address President Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Division (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Peray E. Tayler

3 (b) If veteran, name war: 1st. World War
3 (c) Social Security Account No. 212-09-3521

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/12/1890

8. AGE: Years 51 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name George Tayler
13. Birthplace Pocomoke City, Md.

MOTHER
14. Maiden Name Georgianna Mills
15. Birthplace Baltimore, Md.

16 (a) Informant Milburn Tayler (B).
(b) Address 1306 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l.
Location Baltimore, Md.

18 (a) Funeral director Charles S. Corbin
(b) Address 514 N. Calhoun St.

19 FEB 25 1942 Huntington Williams, M.D.

VS 8

correct age is appearing on line 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1942, at 9.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 19__, to Feb 22 1942, and that I last saw him alive on Feb 22 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive Cardio Vascular Renal Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 803 N Fremont Ave Date Signed

F 89511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 89511

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 - S - Amity
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 - S - Amity St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R. Taylor

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary Taylor
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1902

8. AGE: Years	Months	Days	If less than one day
39	6	18	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name George Taylor
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Edna Brown
15. Birthplace W. Va.

16 (a) Informant Mary Taylor
(b) Address 30 S. Amity St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) Feb 25 1942 Huntington W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 24 1942, at 3:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-1942 to 2-24 1942 and that I last saw h alive on 2-23 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Lacman M. D.
Address 602 Madison Ave Baltimore Md. 2/28/42

M. D. B. 1936-9

F 89512 F 89512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Pine St 201 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Verlina Cynthia Banks.

(a) Residence: No. 1823 Pine St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 24 1912.

7. AGE: Years 29 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Banks.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Rachael Waters

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Rachael Banks

(Address) 1823 Pine St.

18. BURIAL, CREMATION, OR REMOVAL: Place Western Star Cem Date 2/26, 1942

19. UNDERTAKER: Mrs Estie R Williams

(Address) 321 N. Schroeder St.

20. FILED FEB 25 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/22, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1941. to Feb 22, 1942.

I last saw h alive on Feb 22, 1942. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B. with Cavitation	Dec 15, 1941
Other contributory causes of importance: T. B. Laryngitis	Months

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 336 Fairfield Ave

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

F 89513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 89513

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 N 37 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1201 N 37 St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada J Stoer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frederick Stoer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1899

8. AGE: Years 42 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Sewing mch

11. Industry or business

FATHER
12. Name John L Mitten
13. Birthplace unknown

MOTHER
14. Maiden Name Carrie Smith
15. Birthplace Balto Md

16 (a) Informant Frederick Stoers
(b) Address 1201 N 37 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-1942 (month) (day) (year)

(c) Cemetery or crematory St Marys (Hampden)
Location Balto Md

18 (a) Funeral director Frank H Seitz
(b) Address 81 & N 36 St.

19 (a) Filed Feb 25 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to Feb 23 1942 and that I last saw h alive on Feb 23 1942

Immediate cause of death

Duration

Oedema of Lungs — 3 wks
Due to Chronic valvular Heart Disease — 2 yrs
Due to Portal Congestion — 3 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 2020 N. Charles St Date signed 2/24/42

VS 8

F 89514

BALTIMORE CITY HEALTH DEPARTMENT 111-3

CERTIFICATE OF DEATH

F 89514 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2708 Liberty Heights
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Maryland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Veneziano

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-07-1555

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elvira C. Veneziano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1886

8. AGE: Years 55 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Sicily Italy (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Nunzio Veneziano
13. Birthplace Italy

MOTHER
14. Maiden Name Mary A. Pirrano
15. Birthplace Italy

16 (a) Informant Mrs. Elvira C. Veneziano
(b) Address 2832 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Horace F. Burger
(b) Address 36 Stricker Street

19 (a) [illegible] 1942 (b) [illegible] Williams, M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942, at 7:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 2/25/42

VS 6

F 89515
MA 56705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 89515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 33 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 S. Macon Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Grauer

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.	212-10-2283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1896

8. AGE: Years	Months	Days	If less than one day
45	3	9	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Baltimore Copper Works

FATHER
12. Name Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Littimore
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) BURIAL (b) Date thereof FEB. 27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD
18 (a) Funeral director Lilly & Feiler INC.
(b) Address 403 S. WOLFE ST.
19 (a) FEB 25 1942 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19, 1940 to Feb. 23 1942 and that I last saw him alive on Feb. 23 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 2/25/42

VS 2

PRESS FIRMLY—correct age is especially important. Physicians: please write distinctly.

F 89516

JH 69236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89516

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1150 N. Carrollton Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Watts

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Cora (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 18[illegible]

8. AGE: Years 70, Months 6, Days 14, If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robert

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Freeland

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 27 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemty

Location Baltimore Md

18 (a) Funeral director Hobbs & Price

(b) Address 1311 W. Hamburg St.

19 (a) FEB 25 1942 (b) Huntington Williams, M.D.

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1941, to 2-24 1942 and that I last saw h[illegible] alive on 2-24 1942

Immediate cause of death Cardiac Failure — Duration

Due to Hypertensive C.V.D.

Due to Benign Prostatic Hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-18-41

Major findings of operation: Same

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Ryder M. D.

Address BCH Date signed 2-24-42

correct age is especially important

VS 3

F 89517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-e

F 89517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Acton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm. A. Acton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1868

8. AGE: Years	Months	Days	If less than one day
73	2	3	hr. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Henry Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Lyon
15. Birthplace Md.

16 (a) Informant Henrietta M Smith
(b) Address 804 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

19 (a) FEB 25 1942 (b)
Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942 19 at 1045 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1940 to Feb 23 1942 and that I last saw her alive on Feb 23, 1942

	Duration
Immediate cause of death Cardiac Heart Failure	
Due to Parkinson's Disease	5 yrs
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Howard M. D.
Address 76 Walker Ave Date signed

correct age is especially important

VS 8

2124/42

89518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be correctly stated. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 Patterson Park Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John M. Townsend

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mollie Townsend

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1860

8. AGE: Years 82 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wm. Raymond Stanton
(b) Address 808 Glas ave Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Balto Md

18 (a) Funeral director Geo F Boyle Jr
(b) Address 702 Hollins St

19 (a) FEB 25 1942 (Date received by registrar) (b) Registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 19 42 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 19 42 to Feb 24 19 42 and that I last saw h[im] alive on Feb 24 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration 10 days
Due to: Cerebral Arterio-sclerosis — ?
Due to: Chr. Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Neal Geraghty M.D.
Address 700 E Fayette St Date signed 2/25/42

VS 3

F 89519

FERENCE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89519 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 S. Decker ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 S. Decker ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Francis Frank Ference
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER 12. Name George Ference
13. Birthplace Poland

MOTHER 14. Maiden Name Tekla Sbzyk
15. Birthplace Poland

16 (a) Informant Mrs Pauline Ference
(b) Address 1102 S. Decker ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore City

18 (a) Funeral director John J. Welsh
(b) Address 408 S. Chester Street

19 (a) FEB 25 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age. Physicians: please write the causes of death correctly. Information is especially important.

MEDICAL CERTIFICATION

130

20. DATE OF DEATH Feb 23 1942, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Feb. 23 1942, and that I last saw him alive on Feb. 23 1942.

Immediate cause of death Chron Myocarditis — Duration Months 14

Due to Sclerosis of Coronary arteries — Duration Months 14

Due to Senile Degeneration — Duration Months 9

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature J. A. Rosenblatt M. D.
Address 308 O'Donnell St. Date signed 2/25/42

9520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 89520
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5801 Bellona ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Bank Street (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Frances Smialkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Wladyslaus
6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Sept 15 1864

8. AGE: Years	Months	Days	If less than one day
77	5	8	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stanislaus Kolankiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Wladyslaus Smialkowski
(b) Address 1740 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (Date rec'd by registrar) FEB 25 1942 Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry ... correct age is especially important. Physicians: please write the causes of death clearly and ...

MEDICAL CERTIFICATION

640

20. DATE OF DEATH Feb 23 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 23 1942 and that I last saw her alive on Feb 23 1942

Immediate cause of death Uremia (Chr. nephritis) cardio-vascular-renal dis.
Due to arteri-sclerosis
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

Duration 3/4 - 4/4 42 9m. 1y.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Klemmer M. D.
Address 722 N. Kenwood Ave Date signed 2/28/42

F 89521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 W. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 W. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

20-2

3 (a) FULL NAME JULIA A. EBBERTS

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. No. SS

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George L. Ebberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/30/1882

8. AGE: Years 59 | Months 6 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Henry Kratz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Koehler
15. Birthplace: Baltimore Maryland

16 (a) Informant: George L. Ebberts
(b) Address: 2518 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: J. B. Weshner & Son
(b) Address: 1300 Eutaw Place...c

19 FEB 25 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the cause of death

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22/ 1942 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 22 1942 and that I last saw her alive on Feb 22. 1942

Immediate cause of death: Tuberculosis Asthenia Dilation Myocardium

Duration

Due to

Due to

Other Conditions: Coronary Sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ******

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Norbert C. Ebberts M. D.

Address 207 Wilkens Ave. Date signed 2/24/42

89522 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B F 89522
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 231 W Gilmor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William H. Kelly

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 4, 1868

8. AGE: Years 73 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Winchester Va
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William H. Kelly
(b) Address 231 W. Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Lem Cemtery
Location Baltimore County.

18 (a) Funeral director Joseph A. Lively.
(b) Address 409 North Mount, street.

19 (Signature) Huntington Williams, M.D.
(Registrar)
FEB 25 1942
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942, at 1:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Acute Pulmonary Edema

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Kelfried M.D.
Medical Examiner.
Date signed 2/25/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death in such a way that correct age is especially important.

VS 6

F 89523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89523

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3811 Woodlea Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3811 Woodlea Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles W. Heffner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1896

8. AGE: Years 45 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Highfield Md. (Town, county, and state)

10. Usual Occupation Merchant (U.S. Navy)

11. Industry or business

FATHER

12. Name John C. Heffner

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Jennie C. Benthoff

15. Birthplace Md.

16 (a) Informant Lawrence W. Heffner

(b) Address 4899 Glenmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/42 (month) (day) (year)

(c) Cemetery or crematory Herlawn

Location Pikesville, Baltimore Co. Md.

18 (a) Funeral director Leonard A. Bruck

(b) Address 5805 Reisterstown Rd.

19 (a) FEB 26 1942 (Registrar's signature) (b) Date received Huntington-Williams M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1942, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1939 to 2-25 1942 and that I last saw him alive on 2-25 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to Uremia days

(Hypertension 5 yrs)

Due to Chronic Nephritis

Endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard Sugarfield

Address 5707 Reisterstown Rd Date signed 2-26-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

VS 3

F 89524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 89524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 W Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Sims.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Arthur Sims | 6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): 6/10/1893

8. AGE: Years: 48 | Months: 8 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Conneaut Ohio (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Foster.
13. Birthplace: Conneaut Ohio

MOTHER
14. Maiden Name: Addie
15. Birthplace: Conneaut Ohio

16 (a) Informant: Mr Arthur Sims
(b) Address: 305 W Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Frederick Ave

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) FEB 26 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1942

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Feb 24 1942
and that I last saw h[illegible] alive on Feb 24 1942

Immediate cause of death: Chronic Myocarditis — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward A Morgan M.D.
Address: 1216 W Fayette Date signed: 2/25/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians; please write the cause of death so that correct age is especially important.

F 89525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D F 89525 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or county. Do not use ditto marks. Answer all questions, and if none, write none. Be sure to answer each question in such manner that it cannot be misunderstood. Do not leave any space unfilled. Physicians: please write the cause of death in such manner that it may be correctly coded. Underlining the cause to which death should be charged statistically is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4202 Roland Ave
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Years
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City Balto
(c) City or town 4202 Roland Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Dills Jeffers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Martha S ~~Aug 1 1878~~ | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1878

8. AGE: Years 63 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Williamstown Kentucky (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Friendly Inn Assn.

FATHER
12. Name Nathaniel Hall Jeffers
13. Birthplace Kentucky

MOTHER
14. Maiden Name Susan Dills
15. Birthplace Kentucky

16 (a) Informant Mrs Martha S Jeffers
(b) Address 4202 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Williams Bros
(b) Address 1217 St Paul Street

19 (a) Filed 2-26-1942 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25th 1942 at 12.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to Feb 1942 and that I last saw him alive on 2/24 1942.

Immediate cause of death: Arteriosclerotic Cardio-vascular
Due to: disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S Kelfuss M. D.
Address 5 or 6 Roland Ave Date signed 4/25/42

4119 28 89526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 F 89526
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 2565 McCulloch St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton J. Thornton (Milton J. Thornton)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/32

8. AGE: Years	Months	Days	If less than one day
9	10	—	hr. min.

9. Birthplace New York
(town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Edward H. Thornton
13. Birthplace Virginia

MOTHER
14. Maiden Name Mattie Williams
15. Birthplace Virginia

16 (a) Informant Edward Thornton
(b) Address [illegible] McCulloch St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 163 Druid Hill Ave.

19 (a) (Date rec'd by registrar) Huntington Hill Registrar

VS 2 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1942 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1942 to Feb. 25 1942, and that I last saw him alive on Feb. 25 1942.

Immediate cause of death Staphylococcus Septicemia — Duration 4 days

Due to Acute osteomyelitis of R. femur — 809 days

Due to gunshot wound of R. foot — 12 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-22-42 2-23-42

Major findings of operation: Normal appendix, acute osteomyelitis R. femur

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature George C. Ruppel M. D.
Address Johns Hopkins Hosp. Date signed 2-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. ... correct age is especially important. Physicians: please write the causes of death clearly and ...

F 89527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 89527

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Physicians: please write the causes of death clearly and accurately. The correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo18da

(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Turners Station

(If outside city or town limits, write RURAL and give town)

(d) Street No. WOODLAND AVENUE

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ALEX REYES

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	217-14-0118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1895

8. AGE: Years	Months	Days	If less than one day
46	4	6	hr. min.

9. Birthplace Venezuela, South American (Town, county, and state)

10. Usual Occupation Ordinary Seaman

11. Industry or business

FATHER — 12. Name Romando Reyes

13. Birthplace S. A.

MOTHER — 14. Maiden Name Antonia

15. Birthplace S. A.

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 1942 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Hampden

Location Baltimore

18 (a) Funeral director E. Lynch Stuffle Inc.

(b) Address 125 E. North Ave.

FEB 26 1942 (b) Huntington Williams M.D.

(Date received by Local Registrar) (Signature of Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18, 1942, at 8:10 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1941, to Feb. 18, 1942, and that I last saw him alive on Feb. 18, 1942.

Immediate cause of death: Aortic regurgitation — Duration: 1 year

Due to: Syphilis — 10 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(d) Means of injury

23. Signature: H. Paulun M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 2/18/42

F 89528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a Registered No.

F 89528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Jersey Shore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 S. Main St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Wedgelia Green Detwiler (Icy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife David Roy Detwiler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1865

8. AGE: Years ? 77 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Bates Co Mo
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Green
13. Birthplace Sangamon Co Ill

MOTHER
14. Maiden Name Abigail V Scott
15. Birthplace Bates County Mo

16 (a) Informant Mrs Wm M Badgley (Sister)
(b) Address Tudor Hall Washington D C

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Washington D.C.

18 (a) Funeral director Williams & Dickerson
(b) Address Wash D C

19 (a) FEB 26 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 5 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to Feb 26 1942 and that I last saw h.er alive on Feb 26 1942

Immediate cause of death
Metastatic Ca — Duration: Jan 2 (?)
Due to Hypernephroma left kidney
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Jan 2
Major findings of operation Hypernephroma left kid.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Haggerty M.D.
Address Union Mem Hosp Date signed 2/28/42

VS 8

F 89529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 89529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as far as is known. Information is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Maryland Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Pentridge Rd. (If rural give location)
(e) Citizen of foreign country? Woodlington Ave (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE WARNEKE TONTRUP

3 (b) If veteran, name war: no -

3 (c) Social Security Account No. 215-10-3808

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry W.

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1894

8. AGE: Years 47 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business home

FATHER
12. Name Charles Warneke
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth Roma
15. Birthplace Balto.

16 (a) Informant Harry Wm. Tontrup (Husband)
(b) Address 1521 Pentridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27. 1942 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 FEB 26 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1942 to 2/24 1942 and that I last saw her alive on 2/23 1942

Immediate cause of death: Carcinomatosis

Duration: 4/13/1942 ante mort.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/13/42

Major findings of operation: Mastectomy - adenocarcinoma

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Lucas M.D.
Address Md. Gen. Hosp Date signed 2/26/42

VS 3

F 89530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163-11

F 89530
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country no

3 (a) FULL NAME Minnie Meyer (MINNIE MEIER)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife: Charles Meier
6 (c) If alive, give age — — years

7. Birth date of deceased (mo., day, yr.): Jan. 16. 1863

8. AGE: Years	Months	Days	If less than one day
79	1	8	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: ? Overdick
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Baltimore

16 (a) Informant: Mr. Howard Meeks (Grandson)
(b) Address: 504 S. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory: 1st United Evangelical
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.

19 (a) FEB 26 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24-1942, at 5:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Illuminating Gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence 2-24-42 at 4.20 P M
(c) Where did injury occur? 504 S. Collington Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Inhalation of illuminating gas

23. Signature: Howard J. Meeks M.D.
Medical Examiner.
Date signed 2-25-42

VS 6

F 89531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 89531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 S Linwood Ave
(c) ~~HOSPITAL, INSTITUTION~~
1005 S. Linwood Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 S Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Curry (John Francis Curry)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Elizabeth Wetsell

6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May.11.1838

8. AGE: Years: 78 | Months: 9 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Balto. City Fire Dept.

11. Industry or business: Retired 20 years

FATHER
12. Name: John Curry
13. Birthplace: New York

MOTHER
14. Maiden Name: Mary Collenbeck
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Mary E. Curry (Wife)
(b) Address: 1005 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 27. 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) FEB 26 1942 (Date received by registrar) J. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1942 at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wyatt Gudebrod M.D. Medical Examiner.
Date signed: 2/24/42

VS 6

F 89532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a F 89532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 E. 33rd St (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Elizabeth L. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William L. Myers
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1866

8. AGE: Years	Months	Days	If less than one day
76	---	--	--hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Charles M. Raymo
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Knight
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Elizabeth R. Campbell
(b) Address 713 E. 33d Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 26 1942 (Registrar's signature) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1942, at 8 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to Feb. 25 1942 and that I last saw her alive on Feb 25 1942.

Immediate cause of death Carcinoma Sigmoid E metastasis

Due to Cardiac Decompensation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Carcinoma of Sigmoid

of autopsy?

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Stamps M.D.
Address Md. General Hosp. Date signed 2/26/42

F 89533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 89533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 Conkling St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 St Paul St. (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME John Joseph Keating (John Joseph Keating)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret Gaitley
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1872

8. AGE: Years	Months	Days	If less than one day
About 70	---	--	--hr. ---min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Superintendent
11. Industry or business Baltimore Watch & Patrol

FATHER
12. Name William Keating
13. Birthplace Ireland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Not obtainable

16 (a) Informant Miss Margaret M. Keating
(b) Address 2107 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/ 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17/ 1941 to 2/25/ 1942 and that I last saw him alive on 2/25/ 1942

Immediate cause of death
Gastric hemorrhage
Due to Carcinoma Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
39 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson D Baggaley M. D.
Address St Jo. Hosp. Date signed 2-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

F 89534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 89534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 East Lynn Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 East Lynn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary A. James

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife W. R. James

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23 1874

8. AGE: Years 67 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business "

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Edna James
(b) Address 502 N. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden Balto. Md.

18 (a) Funeral director J. Vernon Kuhn
(b) Address 2301 Edmondson Ave.

19 (a) FEB 26 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942, to Feb 25 1942, and that I last saw her alive on Feb 24 1942.

Immediate cause of death: Hypertensive Cardio-vascular Disease — Duration 5 years

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Albert Kornrad

Address 1934 W. Lexington Ave. Date signed 2/25/42 M. D.

F 89535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 89535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Gutman Ave.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 W. Camden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Wilmot (George Howard Wilmot)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	White	Married

6 (b) Name of husband or wife Laura Zelmir Wilmot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 18, 1877

8. AGE: Years	Months	Days	If less than one day
64	3	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name George Howard Wilmot
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Josephine Bailey
15. Birthplace Baltimore, Co.

16 (a) Informant Agnes W. Berger
(b) Address 1817 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection-Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection-Autopsy and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D. Medical Examiner.
Date signed 2-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age in all cases where it is especially important. Physicians: please write the causes of death clearly.

VS 6

F 89536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-f

F 89536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1348 E. Fort Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1348 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Margaret Angelo

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James J. Angelo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 11, 1890

8. AGE: Years: 51 Months: 2 Days: 13 If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: August Leimbach
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Weber
15. Birthplace: Germany

16 (a) Informant: Mr. James J. Angelo
(b) Address: 1348 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory: Schwartz's Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to Feb 24 1942 and that I last saw h[illegible] alive on Feb 24 1942.

Immediate cause of death: Carcinoma of Liver — Duration: 8 mos.
Due to:
Due to:
Other Conditions: Carcinoma, Spleen (metastatic)
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Regina Leimbach M. D.
Address 2202 W. North Ave. Date signed 2-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 8

F 89537

F 89537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
67
(d) Street No. 2702 Winchester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIUS T. GROTZKY

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Caroline M. Grotzke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/1858

8. AGE: Years	Months	Days	If less than one day
83	9	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Germany
14. Maiden Name Unknow
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Allen
(b) Address 506 N. Patterson Pk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ /42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location ~~XXd~~ Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) FEB 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1941 to Feb 24 1942
and that I last saw h~~im~~ alive on Feb 24 1942

Immediate cause of death Cerebral Hemorrhage — Duration ✓
Due to Terminal
Due to General Arteriosclerosis — ✓
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith A. Grotzke
Address 219 Dolphin Lane Date signed 2/26/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 8

F 89538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89538

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:
Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mths
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Longwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie MAE NEWBERRY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Married

6 (b) Name of husband or wife Robert Garfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 29, 1882

8. AGE: Years	Months	Days	If less than one day
60	0	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Johnson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Betty Carroll
15. Birthplace Baltimore

16 (a) Informant Mr. W. Donald Newberry
(b) Address 1920 Mt. Royal Ave.

17 (a) Burial (b) Date thereof 2/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 FEB 26 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Feb 1942.
and that I last saw him alive on Feb 24th 1942

Immediate cause of death Bronchopneumonia — Duration 10 days
Due to Chronic Cardiovascular Renal Disease — years
Due to
Other Conditions Diabetes Mellitus — years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lancaster L. Brown M.D.
Address 1938 Hadaway Ave. Date signed 2-27-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correctly and fill in all items. Information is especially important.

VS 8

F 89539

F 89539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4411 Beauregard Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Beauregard Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie King

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Young King (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30 1875

8. AGE: Years	Months	Days	If less than one day
66	Y	23	hr. min.

9. Birthplace Atlanta Ga. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Dawson
13. Birthplace Ga.

MOTHER
14. Maiden Name Ann Walker
15. Birthplace Ga.

16 (a) Informant Annie Martin
(b) Address 4411 Beauregard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1942 (mo.) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cemetery
Location A.A. County

18 (a) Funeral director Mrs R.A. Elliott & Daughter
(b) Address 1409 N. Carolina St

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942 at 7.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942 to Feb 23 1942 and that I last saw her alive on Feb 23 1942

Immediate cause of death	Duration
Cardio Valvular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Woolridge M. D.
Address 703 W. Lafayette Ave Date signed 2/25/42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the ...

YS 3

F 89540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2238 Wilkens Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2238 Wilkens Ave.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna F. Geis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John W. Geis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1885

8. AGE: Years	Months	Days	If less than one day
56	2	8 10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John Spittel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hannah Strauss
15. Birthplace Baltimore, Md.

16 (a) Informant John W. Geis
(b) Address 2238 Wilkens

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 194 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 E. Lombard St.

19 (Signature and address of local registrar) FEB 26 1942 Huntington Williams, M.D.

VE 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death in such a way that the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1942, at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 22 1942 and that I last saw him alive on Feb 22 1942.

Immediate cause of death Hypostatic Pneumonia
Contributing Arteriosclerosis
Myocarditis Chronic.
Due to

Due to

Other Conditions Cardiovascular Syphilis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Hebert
Address 345 W. Lanvale St. Date signed 2/26/42 M.D.

F 89541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89541 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Rosedale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leo Fogel (Birth F-28652)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-41

8. AGE: Years	Months	Days	If less than one day
	9	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Leo Joseph Fogel

13. Birthplace Chambersburg, Pa

MOTHER 14. Maiden Name Edith Di Benedetto

15. Birthplace Hagerstown, Md.

16 (a) Informant mother

(b) Address 906 Rosedale ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto md

18 (a) Funeral director H C Brauning & Son

(b) Address 2924 Edmondson Ave

19 FEB 26 1942 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942, at 1.53 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 2-25 1942 and that I last saw h. alive on 2-25 1942.

Immediate cause of death Meningococcus Meningitis — Duration

Due to

Due to

Other Conditions Meningococcemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy At JHH 2-25-42

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Drhas, M. D.
Address Sydenham Hosp. Date signed 2-25-42

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89542

CERTIFICATE OF DEATH

93-D

F 89542

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3703 - 3rd St. BROOKLYN

Length of residence in city or town where death occurred? 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME FRANCIS. SCHONOWSKI

If U. S. Veteran specify WAR

(a) Residence: No. 3703 - 3rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MATILDA SCHONOWSKI

6. DATE OF BIRTH (month, day, year) MARCH 12 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LONG SHOREMAN.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) POLAND

FATHER

13. NAME JOSEPH SCHONOWSKI

14. BIRTHPLACE (city or town) (State or country) POLAND

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) POLAND

17. INFORMANT CONSTANCE ZEBERLEIN

(Address) 3712 - 2nd ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY CROSS AAC Date 2 - 28 19 47

19. UNDERTAKER Bernard C Hasle

(Address) 121 E West St

20. FILED FEB 26 1947 Huntington Williams, M.D. Registrar.

Information should be given in plain terms, so that a person not familiar with medical terms may understand. State CAUSE OF DEATH in plain terms, as the primary cause of certificate. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEBRUARY 25 19 47

22. I HEREBY CERTIFY, That I attended deceased from 1935 to 2 - 25 19 47

I last saw h[illegible] alive on 2 - 23 19 47 Death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1925
Myocardial Degeneration	1935
Hypertension	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? NO Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lawrence M. Serra M. D.

(Address) 1106 Ritchie Hwy

VS 8

F 89543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 89543 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Broxton Rd.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Broxton Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Herbert Ring Pfeffer

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-03-4939

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian B. Pfeffer. 6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb-25-1884

8. AGE: Years 58 | Months 0 | Days 0 | If less than one day — hr. — min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation retired.

11. Industry or business (Standard Oil Co.)

FATHER
12. Name James Pfeffer
13. Birthplace Penna.

MOTHER
14. Maiden Name Katherine Ring
15. Birthplace Balto. Md.

16 (a) Informant Mrs Lillian B. Pfeffer (wife)
(b) Address 309 Broxton Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-28-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W North Ave.

19 (a) FEB 26 1942 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 25 1942, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 23 1942 to FEB 25 1942 and that I last saw HIM alive on FEB 24 1942

Immediate cause of death CARCINOMA OF COLON
BILIARY OBSTRUCTION
Due to INTESTINAL OBSTRUCTION
Due to INTESTINAL OBSTRUCTION
Other Conditions HEMORRHAGE

Duration 2 YEARS 2 WEEKS 5 DAYS
24 HRS

(Include pregnancy within 3 months of death)
Date of operation FEB 20 1941
Major findings of operation: CARCINOMA OF SIGMOID
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph G. Hills M. D.
Address 1 E Eager St Date signed 2/25/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the cause of death

VS 3

F 89514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2550 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 McCulloh St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Warner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 44 | Months | Days | If less than one day: hr. min.

9. Birthplace Calvert County Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Warner
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Carolina ——
15. Birthplace Maryland

16 (a) Informant Mrs Eva Boone
(b) Address 2550 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) FEB 26 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1942, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13, 1942, to Feb 22, 1942, and that I last saw him alive on 2-21-1942.

Immediate cause of death: Lobar Pneumonia — Duration: 2 wks
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

Signature McDonald Bandoh, M.D.
Address 2445 Druid Hill Av
Date signed 2-25-42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of ...

VS 8

F 89545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 89545
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3138 Kenyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3138 Kenyon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Sandmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 - 82

8. AGE: Years	Months	Days	If less than one day
59 60	4	8	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard Sandmann
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Young
(b) Address 3138 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Balto

18 (a) Funeral director Jos J Stratton
(b) Address 2001 Kentucky ave

19 (a) FEB 26 1941 (Date received by Registrar) (b) Huntington Williamsport Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1941, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Feb 24 1941, and that I last saw h[illegible] alive on Feb 24 1941.

Immediate cause of death Pneumonia Follows

Due to Debilitation — Duration 4 days

Due to Carcinoma (Rectum) — Duration 3 years

Other Conditions — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J Bailey M. D.
Address Oakleigh Apts Balto Md Date signed Feb 26 1941

PLEASE WRITE PLAINLY. [illegible] correct age is especially important. Physicians: please write the cause

F 89546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 89546 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4711 Charlton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Charlton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cashy Leroy Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-0623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Beatrice M. Enge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/1910

8. AGE: Years	Months	Days	If less than one day
31	7	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Mason-Dale Ice Cream

FATHER
12. Name Edward Hooper
13. Birthplace Baltimore

MOTHER
14. Maiden Name Williamina Pusey
15. Birthplace Maryland

16 (a) Informant Mrs. V. Sparks
(b) Address 4711 Charlton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Lankon Park
Location Baltimore Md

18 (a) Funeral director J. J. Lapey & Sons
(b) Address 318 Light St

19 FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25, 1942 at 6 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1942 to Feb 25 1942 and that I last saw him alive on Feb. 21 1942.

Immediate cause of death	Duration
Coronary Embolism	
Due to Mitral Disease	
Due to Rheumatic Heart Disease	
Other Conditions — none	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Sawyer
Address 4808 Harford Rd. Date signed 2/26/42 M. D.

PLEASE WRITE PLAINLY, with ink. Be sure your answers are correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 89547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1186-a

F 89547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 W. Cullohst (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miles J. Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Rachael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1868

8. AGE: Years	Months	Days	If less than one day
53	11	12	hr. min.

9. Birthplace Petersburg, Va. (Town, county, and state)

10. Usual Occupation Post Office (Clerk)

11. Industry or business

FATHER 12. Name Rev. Miles Walker

13. Birthplace Petersburg Va.

MOTHER 14. Maiden Name Frances Briggs

15. Birthplace Petersburg, Va.

16 (a) Informant Mrs. Rachael Walker

(b) Address 2529 W. Cullob St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1942 (month) (day) (year)

(c) Cemetery or crematory Nat. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Lucy H. Holland

(b) Address 1631 Druid Hill Ave.

FEB 26 1942 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1942, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture neck - 7th cervical vertebra
Laceration of spinal cord

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/20/42 at 3 45 M
(c) Where did injury occur? 2529 W. Cullob St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature Medical Examiner. M.D.

Date signed 2/24/42

PLEASE WRITE PLAINLY, with ink. Use only standard abbreviations. Give exact age in years. Physicians: please write the cause of death clearly; correct age is especially important.

VS 6

F 89548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89548 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill out completely and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 468 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 468 S Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria L. Huber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-24-1866

8. AGE: Years 75 | Months 109 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant J. Huber
(b) Address 468 S Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Geo. J. Schwatt
(b) Address 2101 Frederick Ave.

19 Filed 2-27-42 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Feb 23 1942, and that I last saw him alive on Feb 23 1942

Immediate cause of death: Carcinoma of Stomach — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Weller M. D.
Address 2030 Wilkens Date signed 2-26-42

VS 1

F 89549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 S. Calverton Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Abbis 71910

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1871

8. AGE: Years	Months	Days	If less than one day
70	8	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Old age pension
11. Industry or business

FATHER
12. Name Ferdinand Abbis
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Pondes
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd
18 (a) Funeral director Geo L. Schvat.
(b) Address 2101 Frederick Ave
19 (a) (b) Huntington Williams M.P. (Local Registrar)

FEB 26 1942

VS 8

PLEASE WRITE PLAINLY, WITH INK. Answer all questions. Be sure to give correct age in each case. Physicians: please write the cause of death clearly. Correct age is especially important.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Feb. 25 1942, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1942 to Feb 25 1942, and that I last saw h im alive on Feb 25 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 8 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto City Hosp Date signed 2-26-42

F 89550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 89550
Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1143 Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Albert Young

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Elizabeth Young
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 1872

8. AGE: Years	Months	Days	If less than one day
69	11	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Young
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Wilbert Young
(b) Address 1143 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Chas. Co. Md.
Location Md.

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pressalmans St

19 (a) FEB 26 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1941, to 2-24 1942 and that I last saw him alive on 2-23 1942.

Immediate cause of death	Duration
Myocarditis	Unknown
Due to unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1009 N. Stricker St Date signed 2-24-42

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the cause of death so as to correct age is especially important.

VS 3

F 89551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B

F 89551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 537 Mission Court (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1901

8. AGE: Years	Months	Days	If less than one day
41	10	27	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Wm Newman

13. Birthplace Md

MOTHER 14. Maiden Name Harriett Walker

15. Birthplace Md

16 (a) Informant Samuel Jordan

(b) Address 537 Mission Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Preastman

19 (a) (Local registrar's signature) (b) FEB 26 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1942 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute Pulmonary edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Per Wm G. Helfrich M.D. Medical Examiner.
Date signed 2/26/42

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death correct age is especially important.

F 89552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 89552

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1355 Woodyear St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 1355 Woodyear St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Polsom

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Esther Polsom
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 1872

8. AGE: Years	Months	Days	If less than one day
69	11	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed Laborer
11. Industry or business

FATHER
12. Name Ezra Polsom
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Smith
15. Birthplace Virginia

16 (a) Informant Mrs Esther Polsom
(b) Address 1355 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location Md.

18 (a) Funeral director George L. Kelson
(b) Address 1303 Pedalman

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10-1941, to 2-24 1942, and that I last saw him alive on 2-23-1942.

Immediate cause of death Myocarditis — Duration Unknown
Due to Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Saunders M. D.
Address 1029 N. Stricker Date signed 2-24-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct ago is especially important.

VS 3

F 89553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89553 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51da
(e) Length of stay in Baltimore (yrs., mos., or days) 51da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 Main St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Caplan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1874

8. AGE: Years	Months	Days	If less than one day
68 66	1	?	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Store owner
11. Industry or business Clothing

FATHER
12. Name Israel Schulman
13. Birthplace Russia

MOTHER
14. Maiden Name Sylvia Cordish
15. Birthplace Russia

16 (a) Informant Mr. Samuel H. Caplan
(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)
(c) Cemetery or crematory Beth Pfiloh
Location Hillsdale Rd

18 (a) Funeral director Jos. Kabik Inc.
(b) Address 11439 E. Pratt St. Huntington Hillsdale, Md.

19 (a) FEB 26 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/42, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/42 19 to 2/25/42, and that I last saw h[illegible] alive on 2/25/42

Immediate cause of death: Pulmonary congestion — Duration 8 wk

Due to Arteriosclerotic Ht. disease — 5 yrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Mary Ritchey, M. D.
Address Church Home & Infirmary Date signed 2/25/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 89554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Fremont St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 5

(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3710 Woodbourne ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Morris Shuster

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Ida Hoffman

6 (c) If alive, how age 55 years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Lumber Exporter

11. Industry or business

FATHER

12. Name Von Krum

13. Birthplace Russia

MOTHER

14. Maiden Name Von Krum

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Beth Tfiloh

Location Reisterstown Rd Ext

18 (a) Funeral director Jack Levin Inc

(b) Address 1639 E. Baltimore St

19 (a) ~~Registered~~ FEB 26 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1941 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1941 to Feb. 25 1941 and that I last saw h~~im~~ alive on Feb 25, 1941.

Immediate cause of death Acute Anterior Myocardial Infarction Cardio-resp. Failure

Due to Coronary Sclerosis

Due to Hypert. Cardio-Vasc. Disease

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel Gutz M. D.

Address Sinai Hosp. Date signed Feb 25, 1941

89555
411343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 89555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Reuder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Negro	Married

6 (b) Name of husband or wife Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-07

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	6	9		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Bar tender
11. Industry or business

FATHER
12. Name Geo Reuder
13. Birthplace Md

MOTHER
14. Maiden Name Ella Thomas
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Parsons
(b) Address 916 Penna ave

19 (d) FEB 26 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1942 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1942 to Feb 24 1942 and that I last saw h alive on Feb. 24 1942

Immediate cause of death Uremia — Duration 1 wk
Due to Chronic vascular nephritis — 2 months
Due to Generalized arteriolar sclerosis
Other Conditions Cardiac hypertrophy Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Austrian M. D.
Address Johns Hopkins Hospital Date signed 2/25/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death so correct age is especially important.

VS 3

F 89556 ID 72030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 89556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Hoyston Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Spitznagle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1870

8. AGE: Years: 72? Months: Days: If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Thomas Shackelford
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory: Balto
Location: North ave

18 (a) Funeral director: Leonard J. Rauch
(b) Address: 5305 Hanford Rd Huntington Parkland, Md.

19 FEB 26 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1942, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 2-24 1942, and that I last saw her alive on 2-24 1942.

Immediate cause of death	Duration
Uremia	?
Due to Arteriosclerotic H. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward K. Radbill M. D.
Address: Balto. City Hosp. Date signed 2-25-42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death correctly. Correct age is especially important.

VS 3

F 89557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 89557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Lanvale
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Hanlon Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME J. Albert Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 21 - 1887

8. AGE: Years	Months	Days	If less than one day
54 53	2	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Thomas Hall
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Carey
15. Birthplace Baltimore

16 (a) Informant Mrs. Hall
(b) Address 2810 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery or crematory Catherel
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5306 Harford Rd

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25 1942, at 2 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 2-25 1942 and that I last saw h.. alive on 2-24 1942.

Immediate cause of death Adenocarcinoma of caecum with metastases — Duration 1 yr.

Due to

Due to

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Date of operation 10-13-41, 1-7-42

Major findings of operation: Adenocarcinoma of caecum with metastasis

If autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Lane M. D.
Address Mercy Hospital Date signed 2-23-42

VS 3

89558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. E 89558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL, and give County)
(d) Street No. 903 N Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13 1863

8. AGE: Years 79 | Months 77 | Days - | If less than one day 12 hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)

10. Usual Occupation Laborer,

11. Industry or business

FATHER 12. Name James Washington

13. Birthplace Va

MOTHER 14. Maiden Name Roberta Saunders

15. Birthplace Va.

16 (a) Informant Mary Jenkins

(b) Address Detroit Mich.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-3-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942 at 1 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vascular — Duration

Due to disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Holbrook M.D. Medical Examiner.

Date signed 2/25/42

PLEASE WRITE ... correct age is especially important. Physicians: please write the cause ...

VS 6

89559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 89559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lawson Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 695 N. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna [illegible] Tinsley

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1867

8. AGE: Years	Months	Days	If less than one day
74	10 8	15	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace Virginia

16 (a) Informant Agnes Waters
(b) Address 695 N. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Josephus Halsted
(b) Address 915 Druid Hill Ave

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-21-1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. [illegible] M.D. Medical Examiner.
Date signed 2-22-42

VS 6

WHITE PAPER. Physicians: please write the cause of death in ink. Typewriting is especially important.

F 89560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 89560 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 3hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) about 3hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Eden St. (If rural give location)
(e) Citizen of foreign country? - (Yes or No) If yes, name country -

3 (a) FULL NAME Baby Johnson (Birth F-44544)

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1942

8. AGE: Years	Months	Days	If less than one day
			about 3 hr. min.

9. Birthplace Johns Hopkins Hospital (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Ralph Johnson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Gladys Grimes
15. Birthplace North Carolina

16 (a) Informant Gladys Johnson
(b) Address 526 N. Eden St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 25 1942 COMMISSIONER OF HEALTH
Location

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

7073

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1942, at about 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1942 to Jan. 31 1942, and that I last saw him alive on Jan. 31 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholson J. Eastman M.D.
Address Johns Hopkins Hospital Date signed 2/16/42

PLEASE WRITE PLAINLY. Physicians: please write carefully. Accurate and correct age is especially important.

89561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. F 89561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Lawina Road (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Canns Butts ?
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	New born

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/24/42

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mark Canns
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Beatrice Rosenbaum
15. Birthplace Baltimore Md

16 (a) Informant Beatrice Canns
(b) Address 2800 Lawina Road.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 26 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 FEB 26 1942 (b) Huntington Williams, M.D. Registrar

7072

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 0/a 2/24 1942, to 3 1/2 p 2/24 1942, and that I last saw him alive on 2/24 1942.

Immediate cause of death Prematurity - 26 wk. fetus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M. D.
Address Sinai Hosp. Date signed 2/25

89562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 89562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Duncan St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OTTO HOUDEK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 26 1942

Location Commissioner of Health

18 (a) Funeral director Per H. A. Keare

(b) Address

19 (a) FEB 26 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

7071

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will show correctly the disease, injury, or complication which caused death. Do not use abbreviations or symptoms. Be sure that the entries are consistent with each other and that the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1942 at 8:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease.

Due to

Due to

Other Conditions 0

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 0

of autopsy: 0

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.
Date signed 2-10-42

89563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. B 89563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 151 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE · MARSHALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Johns Hopkins MEDICAL SCHOOL FEB 26 1942

Location Commissioner of

18 (a) Funeral director Per H. A. Rogers

(b) Address Huntington Williams, M.D.

19 FEB 26 1942 (b) 7070
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1942 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D.
Coroner Medical Examiner.

Date signed 2-16-42

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in terms of disease and not of mode of dying, such as heart failure, asthenia, etc., and correct age is especially important.

89564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 89564

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY BECK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) JOHNS HOPKINS MEDICAL SCHOOL FEB 26 1942

Location Commissioner of Health

18 (a) Funeral director St. Matthews Per H. A. Moore. 5/14/42

(b) Address 1629 Cook.

19 (a) FEB 26 1942 Huntington Williams, M.D.
(Date rec'd by registrar) 7069 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1942 at 2:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: No

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 2-14-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in terms which convey a definite picture of the morbid condition. Indefinite or unusual terms, or abbreviations, should be avoided. Operations should be stated, and the duration of disease should be given. Please report any error or omission in the data above, and add any important information. Please write the exact time of death and the correct age in especially important.

VS 6

89565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89565

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County
(c) City or town: Balto (If outside city or town limits, write RURAL and give county)
(d) Street No.: 1002 N Washington St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Franklin Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1872

8. AGE: Years: 70 | Months | Days | If less than one day: hr. min.

9. Birthplace (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: JOHNS HOPKINS MEDICAL SCHOOL FEB 25 1942 Commissioner of Health
Location
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) FEB 26 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

7068

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1942, at 12 29 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intravascular Coag - Hemolysis — Duration

Due to: disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. S. Leland M.D.
Medical Examiner.
Date signed 2/13/42

PLEASE WRITE correct age is especially important. Physicians: please write the cause

F 89566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89566
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore ARBUTUS
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 b Elmsridge Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
F	W	

6 (b) Name of husband or wife Edward Farrell

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Jan 13 1903

8. AGE: Years	Months	Days	If less than one day
39	1	12	hr. min.

9. Birthplace Md. Balto.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Frobel
13. Birthplace Penn.

MOTHER
14. Maiden Name Mary ? Briggs
15. Birthplace Balto. Md.

16 (a) Informant John Farrell (Husband)
(b) Address 206 Elmsridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Co.

18 (a) Funeral director Henry Kelly
(b) Address 1411 Lees Terrace

19 (a) FEB 26 1942 (Date rec'd by registrar) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 | 24 | 42 1942, at 7'25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to Feb 24 1942 and that I last saw h~~e~~r alive on Feb 24 1942

Immediate cause of death	Duration
1. Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Pound M.D.
Address 54 Agnes Date signed 2/24/42

PLEASE WRITE PLAINLY, WITH INK. Answer all questions. Be sure your answers are correct and complete. Physicians: please write the causes of death clearly and legibly. This is especially important.

VS 3

F 89567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B Registered No. F 89567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Austin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Nash Austin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Bertie Co. N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Ben. Sprunill
13. Birthplace Bertie Co. N. C.

MOTHER
14. Maiden Name Annie Wilson
15. Birthplace Bertie Co. N. C.

16 (a) Informant William Austin
(b) Address 701 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs. Estelle R. Williams
(b) Address 3729 Edmondson Ave

19 FEB 26 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1942, at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19-1942 to 2-24 1942 and that I last saw h[illegible] alive on 2-24 1942.

Immediate cause of death	Duration
Intestinal obstruction	
Due to Paralytic illeus -	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1202 N. Caroline Date signed 2-25-42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 3

F 89568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 89568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfield
(c) Hospital or institution: Bethlehem Shipbuilding Corp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Gough St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADOLPHO CANTARDI CONTARDI

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 203-03-9370

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10 1920

8. AGE: Years 21 | Months 5 | Days 15 4 | If less than one day hr. min.

9. Birthplace Scranton Pa. (Town, county, and state)

10. Usual Occupation Boiler maker

11. Industry or business Ship Shipyard (B.S.T. Corp.)

FATHER
12. Name Joseph Contardi
13. Birthplace Italy

MOTHER
14. Maiden Name Adele Antonini
15. Birthplace Italy

16 (a) Informant Joseph Contardi (Father)
(b) Address 3717 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28/42 (month) (day) (year)
(c) Cemetery or crematory Catthedral Cemetery
Location Scranton Pa.

18 (a) Funeral director Frank Della Mora
(b) Address 52 N. Morley St.

19 (a) FEB 26 1942 Huntington Williams, W.V.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25, 1942, at 7P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Crushing of right chest	
Due to	
Due to	
Other Conditions: Avulsion of right arm	

(Include pregnancy within 3 months of death)

Date of operation 2-25-42

Major findings of operation: as above

of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 25, 1942 at 1 50 P.M.
(c) Where did injury occur? Fairfield, - Bethlehem (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Struck by swing of crane truck crane

23. Signature H. Z. Williams M.D.
Asst Medical Examiner.

Date signed 2-25-42

struck by crane

PLEASE WRITE PLAINLY. Physicians: please write the causes of death in terms which correct age is especially important.

89569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89569
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W Fairmount St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA M. AMOSS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John W. Amoss

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 4 1878

8. AGE: Years	Months	Days	If less than one day
63	11	21	hr. min.

9. Birthplace Balto. City Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name — Leary
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Wanda Scott
(b) Address 11 E Lafayette Rd Ruxton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Md

18 (a) Funeral director Leasalm Funeral Home
(b) Address 7401 Belair Rd.

19 (a) FEB 26 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/ 1942, at 7:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23/ 1942 to 2/25/ 1942, and that I last saw her alive on 2/24/ 1942.

Immediate cause of death Pulmonary edema

Due to Cardiac failure

Due to Hypertensive C.V. Disease

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 hr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Alfred L. Tagliaferro
Address St. Joseph's Hosp. Date signed 2/26/42

VS 1

89570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. E 89570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Parkmont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Parkmont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE BURKHARDT

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Chas. E. Burkhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6th, 1865

8. AGE: Years	Months	Days	If less than one day
76	3	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Fischer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Kohlmeyer
15. Birthplace Germany

16 (a) Informant Mr. Chas. W. Burkhardt
(b) Address 1621 E. 25th Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Lazenby Funeral Home
(b) Address 740 Belair Road

19 FEB 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1942, at 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Feb 25 1942 and that I last saw h-- alive on Feb 25 1942.

Immediate cause of death Coronary Thrombosis
Dr. Myocarditis
Due to Generalized Arteriosclerosis

Interval between onset and death: 2 days; Jan July 1941; several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lehman
Address 4930 Belair Rd Date signed Feb 26, 1942

PLEASE WRITE PLAINLY. With ... correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 89571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 89571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S. East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Olver 70842

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-6539

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1899

8. AGE: Years	Months	Days	If less than one day
43	0	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Hunter Olver
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Hanna
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 2401 Belair Road

19 (a) FEB 26 1942 (Date rec'd by registrar) by Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE plainly. Physicians: please fill correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1942, at 10:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1941, to Feb. 26 1942 and that I last saw h im alive on Feb. 26 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos.?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harley E. Clayton Jr. M. D.
Address Balt. City Hosp. Date signed 2-26-42

F 89572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 E 89572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Glen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Glen Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rose Harpling Stern

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Leopold Stern
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1866

8. AGE: Years	Months	Days	If less than one day
75	2	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Lewis Harpling
13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Frank
15. Birthplace Germany.

16 (a) Informant Mrs. S. J. Fitchew
(b) Address 3502 Glen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chevet Shalom
Location Bayto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) FEB 26 1942 (Date rec'd by Reg.) Huntington Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1942 at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1942 to 2/25 1942 and that I last saw him alive on 2/25 1942

Immediate cause of death Coronary Occlusion — Duration 2 hrs
Due to Coronary Sclerosis
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Wilson M. D.
Address 574 W. Lafayette Ave. Date signed 2/26/42

VS 3

89573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-P

Registered No. F 89573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101½ Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: black
6 (a) Single, married, widowed, or divorced: married
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-17-1906

8. AGE: Years 35 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name Philip Payne
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Posey
15. Birthplace Md

16 (a) Informant Jeanette Robinson
(b) Address 1101½ Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory N. Cemetery Co.
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1942, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1942 to 2-26 1942 and that I last saw h.e.r. alive on 2-25 1942

Immediate cause of death: Aortic Aneurysm — Duration 1-2 years
Due to: Syphilis (probable)
Due to:
Other Conditions: Hypertension Cardiac Enlargement
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert T Means M. D.
Address Mins. Hosp. Date signed 2-26-42

PLEASE WRITE PLAINLY, with pencil or pen. Be sure that all items are correct and complete. Physicians: please write the causes of death clearly and fill in all items which are especially important.

VS 8

F 89574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 89574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 149 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Tyson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Edmead 69089

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1914

8. AGE: Years	Months	Days	If less than one day
27	2	20	hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles
13. Birthplace West Indies

MOTHER
14. Maiden Name Viola Johnson
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Howard (Cty. Md.)
Location Simpson Valley Md.

18 (a) Funeral director Chas H. Aleyander
(b) Address 927 N. Monroe St

19 (a) FEB 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 19 42, at 7:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 19 41, to Feb 25 19 42 and that I last saw her alive on Feb. 25 19 42.

Immediate cause of death — Duration

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard H. Pattison M. D.
Address Balto. City Hosp Date signed 2-28-42

Please print or write plainly. Physician's correct age is especially important.

F 89575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-aF 89575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Colgate Back River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Oriole Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Shirley Marie Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31-1941

8. AGE: Years	Months	Days	If less than one day
	3	26	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Bernard C. Williams
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Laubach
15. Birthplace Balto Co Md.

16 (a) Informant Mrs. Bernard C. Williams
(b) Address 419 Oriole Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave & Rt. 7
18 (a) Funeral director John B. Connelly
(b) Address 418 Eastern Ave, East

19 (a) FEB 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942, to Feb 26 1942, and that I last saw h.e.r. alive on Feb 24 1942.

Immediate cause of death	Duration
Cardiac Resp. failure	
Due to Acute Tracheobronchitis.	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Torrey Bloker M. D.
Address Sinai Hospital Date signed 2/27/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 89576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89576 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 W. 37th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 W. 37th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUIS F. DEEMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8939

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rachel J.
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1881

8. AGE: Years	Months	Days	If less than one day
60	2	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Calvert Distillery

FATHER
12. Name Louis Deems
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Murphy
15. Birthplace Md

16 (a) Informant Rachel J. Deems
(b) Address 1013 W. 39th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director C. Bennett & Sons
(b) Address 3615-17 Wheatsheaf Ave.

19 (a) FEB 27 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Weidemeyer M.D.
Asst. Medical Examiner.
Date signed 2-26-42

Please write clearly, correct age is especially important. Physicians: please write

VS 6

F 89577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/108

F 89577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella May Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Nelson Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15, 1874

8. AGE: Years	Months	Days	If less than one day
58	1	10	hr. min.

9. Birthplace Middlesex Va (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Davis
13. Birthplace Va

MOTHER
14. Maiden Name Rebecca Wellford
15. Birthplace Va

16 (a) Informant Mrs. Mary Young
(b) Address 404 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-42 (month) (day) (year)
(c) Cemetery or crematory Cape May
Location New Jersey

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 W. Schroeder St

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942, at 4½ o'clock P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Feb 25 1942 and that I last saw her alive on Feb 22 1942.

Immediate cause of death Lobar Pneumonia — Duration 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Watts, M.D.
Address 515 Cathedral Date signed 2/27/42

Fill in correct age in especially important. Physicians, please

VS 3

F 89578 F 89578

BALTIMORE CITY HEALTH DEPARTMENT 83-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Penna. ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Penna ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Yoes, Young Jamerson

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	negro	widowed

6 (b) Name of husband or wife William Jamerson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1871

8. AGE: Years	Months	Days	If less than one day
70 71	5	25 23	hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Ratchel
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Leroy Lancaster
(b) Address 559 Bevan st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location Md
18 (a) Funeral director George G. Kelgo
(b) Address 1393 Pennsylvania ave
19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 25 1942 and that I last saw h[illegible] alive on Feb 25 1942

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H Watts
Address 515 Washington Date signed 2/27/42 M. D.

VS 3

PLEASE print plainly. Be sure to correct age in especially important. Physicians, please

F 89579 BOWSER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 Hooker st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) yr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Hooker st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bowser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1878

8. AGE: Years	Months	Days	If less than one day
63	6	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name August Boswell
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Bieden
15. Birthplace Maryland

16 (a) Informant William Bowser
(b) Address 531 Hooker st

17 (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George H. Kelson
(b) Address 1303 Pennsylvania Ave

FEB 27 1942 (b) Huntington Williams, Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at 6-45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h-- death on the day stated above.

Immediate cause of death Hypertensive Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 2/27/42

Please write clearly in ink. Physicians: please write the cause of death in such terms as will convey the correct idea. Accurate and complete information as to the cause of death, especially in regard to the correct age is especially important.

F 89580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 89580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 Whitelock St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reba Engel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Philip Freedenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Dena Grassman
15. Birthplace Russia

16 (a) Informant Louis Engel
(b) Address 809 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, (month) (day) (year)
(c) Cemetery or crematory Washington Road
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 FEB 27 1942 (b) Registrar

MEDICAL CERTIFICATION 4.20

20. DATE OF DEATH February 27 1942, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1939 to 2/27 1942, and that I last saw h[illegible] alive on 2/26 1942

Immediate cause of death: Carcinoma of pancreas — Duration 2 yrs

Due to

Due to

Other Conditions Inanition

(Include pregnancy within 3 months of death)

Date of operation 4/6/40

Major findings of operation: Carcinoma of body of pancreas with metastasis to [illegible]

Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Morrison M. D.
Address 11 E. Chase St Date signed 2/27/42

PLEASE WRITE PLAINLY; correct age is especially important. Physicians: please write the causes of death carefully.

VS 3

Huntington Williams, M.D.

F 89581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

F 89581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5320 Holder Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5320 Holder Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA EMILIE SCHIERER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Geo. Frederich Schierer

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July.2.1882

8. AGE: Years 59 | Months 7 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Plaenker
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. George F. Schierer (Husband)
(b) Address 5320 Holder Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.28.1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26. 1942 at 5.25P. M

21. I certify that death occurred on the date stated; that I attended deceased from Feb 20 1942 to Feb 26 1942; and that I last saw him alive Feb 25 1942

Immediate cause of death — Duration
Hypertension
Due to Uraemia Toxemia Diarrhea
Due to
Other Conditions Anaemia Ascites
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krause M.D.
Address Med Arts Bld Date signed 3/2/42

PLEASE PRINT correct age is especially important. Physicians: please write

F 89582
410765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Sanford (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Oak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Westphal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/71

8. AGE: Years	Months	Days	If less than one day
70	11	1	hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name August Westphal
13. Birthplace Germany

MOTHER 14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/27/42 (month) (day) (year)

(c) Cemetery or crematory
Location Sanford, Florida

18 (a) Funeral director Geo. W. Frink & Son
(b) Address 811 N Willow Ave

19 (a) FEB 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1942 at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Feb 26 1942 and that I last saw him alive on Feb. 26 1942

Immediate cause of death ~~Cardiac failure~~ ~~Subphrenic abscess~~ Ca. Stomach — Duration 1 yr

Due to

Due to

Other Conditions Subphrenic abscess Treated for Ca (Include pregnancy within 3 months of death)

Date of operation 2-25-42

Major findings of operation: Ca Stomach

of autopsy: subphrenic abscess

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank K Owen M.D.
Address JHH Date signed 2/28/42

Please write plainly. Physicians: please state correct age in especially important.

VS 3

F 189583 A30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-0

F 89583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie (Mrs) Bailey

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert E. Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-97

8. AGE: Years 44 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Howard Warfield
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Monroe
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Stevenson Md

18 (a) Funeral director Wilhelm Co
(b) Address 1217 E. Fayette

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1942 to Feb 26 1942 and that I last saw her alive on Feb 26 1942

Immediate cause of death Uraemia

Due to Carcinoma, cervix with metastasis to liver

Duration 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Drummond Eaton, M.D.
Address Johns Hopkins Hospital Date signed 2-26-42

PLEASE PRINT. Physicians: please write distinctly. Be sure that correct age is especially important.

VS 3

F 89584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 89584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Ash St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ARTHUR E LAWGFORD

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-14-2001

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife Vera

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1876

8. AGE: Years	Months	Days	If less than one day
66	1	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name William S Langford

13. Birthplace Maryland

MOTHER 14. Maiden Name Lord Rotz

15. Birthplace Md

16 (a) Informant Mr. Arthur C. Langford

(b) Address 3409 Ash St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director William Cook

(b) Address 2418 St. Paul St

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1942, at 2 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Fracture of right femur and pelvis	
Due to	
Other Conditions ho (Include pregnancy within 3 months of death)	

Date of operation ho

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/4

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Oct. 25, 1941 at 9 50 A M

(c) Where did injury occur? on front of 3507 Gough St (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? ho

(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmaier M.D.
Acting Medical Examiner.

Date signed Jan 26-42

correct age is especially important. Physicians, please

VS 6

F 89585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Mt Royson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Balto
(c) City or town 2029 Mt Royson (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Mt Royson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hampel

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-16-5617

4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katie M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14-1862

8. AGE: Years 80 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Ellicott Machine Co

FATHER
12. Name Henry Hample
13. Birthplace Germany

MOTHER
14. Maiden Name Katie Schmidt
15. Birthplace Germany

16 (a) Informant John M. Hampel
(b) Address 702 Brantley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 42 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Edmondson Ave

18 (a) Funeral director Morgan Cook
(b) Address 1217 St Paul Street

19 (a) FEB 27 1942 (Date of Registry) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1942 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to Feb 24 1942 and that I last saw h[illegible] alive on Feb 17 1942.

Immediate cause of death: Coronary Occlusion — Duration
Due to Hypertension and Arteriosclerosis
Due to Cardio-Vascular Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Callen M.D.
Address 232 Fred Ave Date signed 2-25-42

VS 3

Please correct age is especially important. Thank you.

F 89586

F 89586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 Jackson St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Jackson St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Ignatius Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anna C. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1858

8. AGE: Years	Months	Days	If less than one day
84	0	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Williams
13. Birthplace Manchester, England

MOTHER
14. Maiden Name Margaret Whalen
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Annie Tully
(b) Address 1430 Jackson St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross,
Location Harford Rd., Balto. Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.,

19 (a) FEB 27 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25, 1942, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1941 to 2/25 1942 and that I last saw h[illegible] alive on 2/25 1942

Immediate cause of death	Duration
Chron Endocarditis	6 mos
Due to Arterio Sclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Whelan M. D.
Address 1279 Williams St Date signed 2/26/42

VS 8

Physician: Please write plainly. Be sure correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89587 89587

CERTIFICATE OF DEATH

✓ 119-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1028 W Fayette St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allan Smooth

If U. S. Veteran specify WAR

(a) Residence: No. 1028 W Fayette St., Ward. (Butler F-41522)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Dec 20-1941

8. AGE: Years: 0 Months: 2 Days: 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): ... 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Solomon Smooth

14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER

15. MAIDEN NAME: Annie L Hayes

16. BIRTHPLACE (city or town) (State or country): Mississippi

17. INFORMANT: Annie Smooth (Address) 1028 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Cem Date Feb. 27 19 42 Funeral

19. UNDERTAKER: Mrs. Katie R. Williams (Address) 522 N. Schroeder St

20. FILED ... 19 ... Huntington Williams M.D.

FEB 27 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/26- , 1942

22. I HEREBY CERTIFY, That I attended deceased from 2/6/42 to 2/26/42, 1942

I last saw him alive on 2/26/42, 1942. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Gastro enteritis 2 days

Other contributory causes of importance:

Edema of Lungs

Premature Birth

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, state ...

(Signed) Shipford Dixon M. D.

2 East Biddle

F 89588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

Registered No. F 89588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schriefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1913

8. AGE: Years	Months	Days	If less than one day
28	4	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City

FATHER
12. Name Joseph Schriefer
13. Birthplace Balto.

MOTHER
14. Maiden Name Fannie Plummer
15. Birthplace Balto

16 (a) Informant Carrie Schriefer
(b) Address 8 N. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Gorsuch Ave & Belair Rd

18 (a) Funeral director John C. Miller
(b) Address 2435 E. Oliver St

19 FEB 27 1942 (b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial pneumonia
Due to Shock
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/26/42 at 12 P M
(c) Where did injury occur Lombard & Canal Alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Cabin While at work? (Specify type of place) Struck by Truck
(e) Means of injury: Fracture of skull & cerebral hemorrhage

23. Signature Hugh Carvell Smith M.D. Medical Examiner
Date signed 2/27/42

VS 6

correct age is especially important. Physicians, please note.

Ernest Fredk Lassahn

89589

HEALTH DEPARTMENT—CITY OF BALTIMORE

89589

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 E. Hoffman St. 8-t Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. F. Lassahn

If U. S. Veteran specify WAR ...

(a) Residence: No. 2332 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa B Lassahn.

6. DATE OF BIRTH (month, day, year) Feb-11-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	-	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co - Md

FATHER

13. NAME Karl Lassahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Mrs E F Lassahn
(Address) 2332 - E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Parkwood Date March 2 1942

19. UNDERTAKER Lassahn Funeral Home
(Address) 7401 Belair Rd.

20. FILED FEB 27 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1942.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1942 to Feb 26, 1942
I last saw him alive on Feb. 26, 1942 Death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	2-20-42.
Other contributory causes of importance:	
Arteriosclerosis	1939
Coronary Occlusion	1941

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Albert E Siegmund M. D.
(Address) 1612 E Fayette Ave

INFORMATION should be given in plain terms, so that it may be properly state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

89590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1930

F 89590
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Northern Pkwy.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Northern Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Dietz

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Katharine
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 31 1862
8. AGE: Years 79 | Months 8 | Days 25 | If less than one day: hr. min.
9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation:
11. Industry or business: Retired Policeman

FATHER
12. Name: John Dietz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Wilhemina Dantz
15. Birthplace: Germany

16 (a) Informant: Joseph A. Knell
(b) Address: 3804 Northern Pkwy.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 28 42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd.
18 (a) Funeral director: Mat W. Dippel
(b) Address: 3110 Belair Rd.
19 FEB 27 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH: Feb 25 1942, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Feb 25 1942
and that I last saw h~~e~~ alive on Feb 24 1942

Immediate cause of death
Hypostatic Pneumonia — Duration: 2 days
Due to Exhaustion in senility — 5 yrs.
Due to Congenital Hemiplegia — 4 yrs.
Due to Arterio Sclerosis — 5 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Edward Benson M. D.
Address 1 W. Oxford Date signed 2/25/42

VS 8

89591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DIED
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street Frederick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT LEE DONALDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 7 1932

8. AGE: Years 9 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation STUDENT

11. Industry or business

FATHER
12. Name CARSON DONALDSON
13. Birthplace MD.

MOTHER
14. Maiden Name ELIZABETH FOWLER
15. Birthplace MD.

16 (a) Informant CARSON DONALDSON
(b) Address ELLICOTT CITY, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-29-42 (month) (day) (year)
(c) Cemetery or crematory PINE GROVE
Location MT. AIRY MD.

18 (a) Funeral director F.C. HIGINBOTHOM
(b) Address ELLICOTT CITY, MD

19 FEB 27 1942 (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25, 1942 at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 25 1942 at 6 P M
(c) Where did injury occur? Royce Ave Ellicott City Howard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Fell from bank

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 2-25-42

correct age is especially important. Physicians: please write the cause of death

VS 6

89592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V157E

F 89592 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly. Be sure that your answer to each question is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere Hotel Howard & Lexington Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Lorman St. Balto. Md. (If rural give location)
(e) Citizen of foreign country? Lorman St (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brooks (Birth F-44336)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1942

8. AGE: Years	Months	Days	If less than one day
0	0	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name London Brooks
13. Birthplace Calvert County - Md.

MOTHER
14. Maiden Name Glennie Knotts
15. Birthplace North Carolina.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 FEB 27 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18/1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 19 42 to 2/18 19 42 and that I last saw him alive on 2/18 19 42

Immediate cause of death Congenital Heart disease & Atelectasis — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lawrence M. D.
Address Univ. Hosp. Date signed 2/25

VS 3

7079

89593 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 W Registered No. F 89593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 811 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM FREEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 27 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mearo

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1942 at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Nil

(Include pregnancy within 3 months of death)

Date of operation Nil

Major findings of operation:

of autopsy: Nil

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. W. Gallemacher M.D. Coroner Medical Examiner.

Date signed 2-16-42

1078

correct age is especially important. Physicians, please write plainly.

VS 6

F 89594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 89594 1

Registered No. 21

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution:
Coldspring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Near Gibson Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mountain Road, Pasdaena, P.O
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katherine A Meagher (Nee Kanzler)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Pierce T. Meagher
6 (c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Dec. 31, 1875
8. AGE: Years 66 | Months 1 | Days 25 | If less than one day: ..... hr. ..... min.
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: Frederick Kanzler
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Herman
15. Birthplace: Germany.

16 (a) Informant: Pierce T. Meagher
(b) Address: P. O. Pasadena, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1942. (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Pk
Location: Baltimore, Md.

18 (a) Funeral director: Thomas W. Singleton
(b) Address: Glen Burnie, Md.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 25 1942, at 10 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1942 to Feb. 24 1942 and that I last saw her alive on Feb. 24 1942.

Immediate cause of death	Duration
Decompensated heart disease	6 weeks
General anasarca	" " "
Due to Chronic myocarditis	? years
Due to	
Other Conditions Chronic par. nephritis ?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Bleit
Address Pasadena, Md. Date signed F. 28-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

FEB 27 1942

F 89595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89595

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 S. NEWKIRK ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. NEWKIRK ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LENA LIND

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: WILLIAM LIND
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 29 1862

8. AGE: Years	Months	Days	If less than one day
79	10	26	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name UNKOWN
13. Birthplace UNKOWN

MOTHER
14. Maiden Name UNKOWN
15. Birthplace UNKOWN

16 (a) Informant MARGARET NEIMILLER (DAUGHTER)
(b) Address 416 S. NEWKIRK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 28/42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL.
Location ODONNELL ST.

18 (a) Funeral director Lilly & Gutschlag
(b) Address 403 S. WOLFE ST.

19 FEB 27 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH FEB. 25 1942 at 2/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Feb 25 1942 and that I last saw her alive on Feb 25 1942

Immediate cause of death
Chronic Myocarditis — Duration
Due to High Blood Pressure
Due to + Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.
Address 1126 Dumbarton Ave Date signed

PLEASE WRITE PLAINLY. Any [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P F 89596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323-1/2 Collins Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323-1/2 Collins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward H. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary A. Myers

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) November 4, 1865

8. AGE: Years 77 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Wholesale Dry Good Notions

FATHER
12. Name James Oliver Myers
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Mary Reid Yarborogh
15. Birthplace Raleigh, N.C.

16 (a) Informant Mrs. Mary A. Myers
(b) Address 323-1/2 Collins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director E. M. Amoreau
(b) Address 1005 E. Baltimore St.

19 (a) FEB 27 1942 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 1942, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to Feb. 24 1942 and that I last saw him alive on Feb. 24 1942

Immediate cause of death: Cedema: Carcinoma Rectum — Duration 4 years

Due to

Due to

Other Conditions Metastasis to Lung + Liver (Include pregnancy within 3 months of death) — Duration 4 Months

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas Del Bonelli M. D.
Address 4213 Frederick Ave. Date signed

PLEASE WRITE PLAINLY, with ink. Be sure to give correct age in years. Physicians: please write the causes of death clearly and in detail. Correct age is especially important.

VS 3

89597 1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 89597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lena Carter

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widiwed

6 (b) Name of husband or wife: Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/1881

8. AGE: Years	Months	Days	If less than one day
60	9	28	hr. min.

9. Birthplace Charles County Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Gregory Bowman
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Sallie ?
15. Birthplace Charles Co. Md.

16 (a) Informant Eva Hunter (Daughter)
(b) Address 449 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Charles L. Corpeer
(b) Address 514 N. Calhoun St.

19 (a) FEB 27 1942 (Date Rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/25/42 19 , at 12:10 M A

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 25 1942. and that I last saw h[illegible] alive on Feb 25 1942 —

Immediate cause of death	Duration
Lobar Pneumonia	about 1 week
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pettigrew M. D.
Address 717 Hamilton Ter. Date signed

correct age is especially important. Physicians, please

VS 8

89598 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution:
General German Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanora [illegible] Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1851

8. AGE: Years	Months	Days	If less than one day
90	6	0	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Barrett
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth C. Harry
15. Birthplace Md

16 (a) Informant Gen. Germ. Aged Peoples Home
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North ave. + Gay St

18 (a) Funeral director Harry H. Wittle
(b) Address 401 Edmondson ave

19 (a) FEB 27 1942 (Date signed by local registrar) (b) Huntington Williams M.D.

VS 5

PLEASE WRITE PLAINLY; WITH [illegible] correct age is especially important. Physicians: please write the cause of death clearly and

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1942 at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10/42 Feb. 25/42 and that I last saw her alive on Feb. 24/42.

Immediate cause of death	Duration
Broncho-Pneumonia	15 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Meeds Slemich M.D.
Address 933 Hamilton Date signed 2-26-42

89599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 89599

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington (If outside city or town limits, write RURAL and give town)
(d) Street No. —
(e) Citizen of foreign country? No (If rural give location) (Yes or No)
If yes, name country

3 (a) FULL NAME Inez Haughey McNutt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife Thomas C McNutt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29 1898

8. AGE: Years	Months	Days	If less than one day
43	2	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Haughey
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Booth
15. Birthplace Maryland

16 (a) Informant Husband
(b) Address Darlington, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Darlington, Md.
Location Harford Co. Md.

18 (a) Funeral director H. S. Bailey
(b) Address Darlington Md

19 (c) FEB 27 1942 Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to Feb 27 1942, and that I last saw her alive on Feb 27 1942

Immediate cause of death Anuria — Duration

Due to Hemolytic transfusion reaction

Due to

Other Conditions Carcinoma of Recto-Sigmoid Bowel (Include pregnancy within 3 months of death)

Date of operation Feb 20 1942

Major findings of operation: Carcinoma of Bowel; General Peritonitis

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. Clifford M. D.

Address Union Memorial Hosp Date signed 4/27/42

PLEASE WRITE PLAINLY. Write correct age is especially important. Physicians: please write the causes of death clearly and

8.9600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 D

Registered No. E 8.9600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 619 East 33rd St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella V. O'Connor

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2 1876

8. AGE: Years: 65 Months: 10 Days: 2 If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Teacher of Music
11. Industry or business: Own Home

FATHER
12. Name: Patrick O'Connor
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Elizabeth Ryan
15. Birthplace: Ireland

16 (a) Informant: Miss Lillian Gessman
(b) Address: 2910 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (Date received by Registrar): FEB 28 1942
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26 1942, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/42 19 , to 2/26 1942
and that I last saw h alive on 2/26/42 19 .

Immediate cause of death: Cerebral Hemorrhage — Duration: 2/12/42
Due to: Cardio Vascular Disease — Duration: 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H W. Wheaton
Address: 4307 Yk Rd Date signed: M. 2/27/42 D.

VS 3

correct age is especially important. Typewriter or

89601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 89601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGIE CURTIS BELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Wm. J. Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1896

8. AGE: Years	Months	Days	If less than one day
45	5	19	hr. min.

9. Birthplace Prince-George Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Levi Kenny
13. Birthplace Md.

MOTHER
14. Maiden Name Rosa Ann Polley
15. Birthplace P. G. Co. Md.

16 (a) Informant Wm. J. Bell
(b) Address 1831 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury, Md.

18 (a) Funeral director Mrs Franes A. Hemsley
(b) Address 578 W. Biddle St. Huntington Williams, Md.

19 FEB 28 1942 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26, 1942 19 , at 6:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 22 1942 to Feb 26 1942
and that I last saw her alive on Feb 26 1942

Immediate cause of death — Duration
Coronary Occlusion —
Arteriosclerotic Heart Disease —
Cardio Vascular Disease —

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Harrell, M.D.
Address 1001 N. Carrollton Ave Date signed 2/28/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

89602

BALTIMORE CITY HEALTH DEPARTMENT X
CERTIFICATE OF DEATH ✓107

Registered No. F 89602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll Co.
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #6 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Mrs George Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Mrs George Weber dead
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 26 1872

8. AGE: Years 69 | Months 8 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Weber
13. Birthplace new york

MOTHER
14. Maiden Name Elizbeth Elgert
15. Birthplace Germany

16 (a) Informant Mrs William Weber
(b) Address 1012 N. Bentalou St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

FEB 28 1942 (Date rec'd by Registrar) (By) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942, at 1045 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Feb 27 1942 and that I last saw h[illegible] alive on Feb 27 1942

Immediate cause of death: Cardio respiratory failure — Duration 1 hr.
Due to Bronchopneumonia — 3 days
Due to Malnutrition
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight P. Brickhouse III M. D.
Address Union Memorial Hosp. Date signed Feb 27 1942

PLEASE WRITE PLAINLY, with unfading ink. Answer all questions fully. Where exact information is unknown, the best possible estimate should be given. Do not abbreviate. Write out the full name of the cause of death. Indicate the duration of each cause, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

89603

BALTIMORE CITY HEALTH DEPARTMENT ✓ 33-a

CERTIFICATE OF DEATH

Registered No. F 89603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 Franklintown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Franklintown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Radford. (Birth F 37557) ✓

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21.1941

8. AGE: Years	Months	Days	If less than one day
	4	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John D.Radford,

13. Birthplace Fairmont W.Va.

MOTHER 14. Maiden Name Juanita V.Stevens.

15. Birthplace West Virginia

16 (a) Informant John D.Radford,

(b) Address 603 Franklintown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.28.1942 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md.

18 (a) Funeral director Robert S.Little,

(b) Address 2700 Edmondson Ave.

19 (Date rec'd by registrar) FEB 28 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27- 1942 at 12. Noon

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24- 1942 to 2-27- 1942 and that I last saw him alive on 2-26- 1942

Immediate cause of death	Duration
Pneumococcus Meningitis	3 days
Due to Bronchial Pneumonia	3 days
Due to Influenza	8 days
Other Conditions None.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M. D.

Address 2532 Edmondson Ave Date signed 2-27-42

PLEASE WRITE plainly. Physicians: please write the cause of death in terms which convey a definite conception of the morbid process, and state the duration of each. Do not use abbreviations or symbols. Indefinite or unsatisfactory terms, such as "Senility," "Cardiac Failure," "Exhaustion," "Uremia," "Convulsions," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Hemorrhage," "Accident," "Fracture," without explanation, cannot be accepted. Causes of fetal deaths, stillbirths, and deaths of infants under one year should be carefully reported. Be sure that the correct age is especially important.

VS 8

89604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 89604

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 Brookfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Vandeer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1875

8. AGE: Years	Months	Days	If less than one day
66	9	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Solomon Van deer
13. Birthplace Holland

MOTHER
14. Maiden Name Hannah Hirsch
15. Birthplace Germany

16 (a) Informant Mrs H. Van Deer
(b) Address 2218 Brookfield Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Mch 1st 42 (month) (day) (year)
(c) Cemetery or crematory Chesh Sholom
Location Edmond St

18 (a) Funeral director Dan Sandgrun & Son
(b) Address 1902 Eutaw St

19 FEB 28 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to Feb 27 1942, and that I last saw h[illegible] alive on Feb 27 1942.

Immediate cause of death	Duration
Acute dilatation of heart	2 day
Due to arterio-sclerosis myocardium	1 yr
Due to	
Other Conditions Bronchial asthma (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Leiby M. D.
Address Temple Garden Date signed 2-27-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Correct age is especially important.

VS 3

F 89605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140-D

F 89605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1009 N. Stricker St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: May 16 1917

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years | Months | Days | If less than one day: hr. min.
25

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Lewis Downs
13. Birthplace: Talbot Co. Md.

MOTHER
14. Maiden Name: Bertha Easton
15. Birthplace: Talbot Co Md.

16 (a) Informant: Bertha Downs (mother)
(b) Address: 1009 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 2-1942 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Hillsley

18 (a) Funeral director: Van Brooks
(b) Address: 1419 N. Carey St.

19 (a) FEB 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at 3-15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Puerperal infection
Due to: Lacerated Perineum

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident?
(b) Date of occurrence Unknown at M
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Unknown While at work? (Specify type of place)
(e) Means of injury: Crushed Abrasion?

23. Signature: Wm. H. Anderson M.D. (Medical Examiner)
Date signed 2/2 1942

Correct age is especially important. Supply it if you can.

VS 6

F 89606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-a

F 89606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 S Sheeler Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 S Sheeler Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick N Krauk

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Bertha Krauk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3 1861

8. AGE: Years	Months	Days	If less than one day
80	11	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Can maker
11. Industry or business Retired

FATHER
12. Name Dont Know
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dont Know
15. Birthplace Baltimore

16 (a) Informant Mrs Mary Daughter
(b) Address 2937 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2/4 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto

18 (a) Funeral director John Ulrich
(b) Address 2202 Aliceanna St

19 (a) FEB 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27th 1942; at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1942 to Feb 27 1942, and that I last saw alive on Feb 25 1942.

Immediate cause of death	Duration
Hypostatic pneumonia arteriosclerotic heart disease	Week
Due to	
Due to	
Other Conditions Carcinoma of larynx (Include pregnancy within 3 months of death)	12 years

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John N Barnaby M. D.
Address 1531 E North Ave Date signed 2/28/42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of death ...

VS 3

F 89607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89607

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Main St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Jones (MRS EMMA WHITE JONES)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: C. Hampson Jones

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15 1878

8. AGE: Years	Months	Days	If less than one day
63	8	12	____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business none

FATHER
12. Name William White
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Jones
15. Birthplace Maryland

16 (a) Informant Mrs Emily Jones Rothel - (daughter)
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (MOWEN SUC.) 102 W. NORTH AVENUE

19 (a) FEB 28 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/42 19 , at 2 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26/ 1942 to 2/27/ 1942 and that I last saw h[illegible] alive on 2/27 1942

Immediate cause of death: Diabetic acidosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Steiner
Address Mercy Hospital Date signed 2/27/42

VS 3

PLEASE write plainly. Physicians: please write carefully. Every item is important. Be sure to give correct age in especially important.

F 89608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 89608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503-E-22-St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503-E-22-St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Sallie Bosley Talbott Griffin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert F. Griffin
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July-8-1867

8. AGE: Years 74 | Months 7 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Joshua F.C. Talbott
13. Birthplace Balto Co

MOTHER
14. Maiden Name Eliza J Bosley
15. Birthplace Balto Co

16 (a) Informant Mrs. F. Griffin (Husband)
(b) Address 503-E-22-St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-42 (month) (day) (year)
(c) Cemetery or crematory Sherwood Cemetery
Location Parkville Md.

18 (a) Funeral director Sullivan Memorial
(b) Address 108 W. York Ave.

19 (a) FEB 28 1942 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION 11 PM

20. DATE OF DEATH Feb 26 1942, at 11 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 26 1942 and that I last saw h[illegible] alive on Feb 26 1942

Immediate cause of death: Cerebral embolism — Duration: 3 days
Due to: Heart Disease
Due to:
Other Conditions: ovw
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Pearce M. D.
Address 2105 Edmondson Ave Date signed Feb 28/42

correct age is especially important. Punctuate properly.

F 89609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 89609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Asquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Wisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16th 1900

8. AGE: Years 41 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md.

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Joseph A. Wisher

13. Birthplace Md.

MOTHER 14. Maiden Name Carrie Johnson

15. Birthplace Md.

16 (a) Informant Alberta Murray

(b) Address 508 Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co. Md.

18 (a) Funeral director Byron & Harris H. Wright

(b) Address 721 Asquith St

19 (a) FEB 28 1942 Huntington Williams, M.D.

(b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1942, at 4:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1942, to Feb. 25 1942, and that I last saw him alive on Feb. 24, 1942.

Immediate cause of death	Duration
Congestive Heart Failure	3 mos.
Due to Hypertension	(?)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. McDaniel M. D.

Address 1737 E. Preston Date signed 3-27-42

correct age is especially important. Physicians, please fill

VS 2

89610

SS 70278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bert Yhalkee

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1889

8. AGE: Years	Months	Days	If less than one day
52	9	1	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation None -- three months

11. Industry or business

FATHER
12. Name John
13. Birthplace Ohio

MOTHER
14. Maiden Name Louise Smith
15. Birthplace Ohio

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mears.

19 (a) FEB 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1942 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1941 to 2-22 1942 and that I last saw h[im] alive on 2-22 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Kathan M. D.
Address Balto. City Hosp. Date signed 2-24-42

PLEASE WRITE PLAINLY. Items correct age is especially important. Physicians: please write the cause of death clearly.

VS 2

7082

F 89611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89611

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 Lyndhurst st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Lyndhurst st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Augusta Dashiell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Richard M. Dashiell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1896

8. AGE: Years	Months	Days	If less than one day
45	8	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name August Hasgurther
13. Birthplace Germany.

MOTHER
14. Maiden Name Katharine Schield
15. Birthplace New York.

16 (a) Informant Richard M. Dashiell
(b) Address 314 Lyndhurst

17 (a) Burial (b) Date thereof Mch. 2-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Chas E. Franck
(b) Address 802 Madison Ave

19 (a) (b) Huntington Williams, M.D.
Registrar

FEB 28 1942

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1942. 10:0 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1939 to 2/27 1942 and that I last saw h alive on 2/26 1942.

Immediate cause of death
Carcinomatosis

Due to Carcinoma of breast.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carc. of breast & axillary glands

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon E. Stacy

Address 3803 Edmondson Date signed 2/27/42 M. D.

F 89612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 89612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 N. Durham St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Owen Mc Leaurin

3 (b) If veteran, name war

3 (c) Social Security Account No. 156-10-9121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	b	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43 42			hr. min.

9. Birthplace Federal. N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Building Trade

FATHER
12. Name James McLeaurin
13. Birthplace N.C.

MOTHER
14. Maiden Name Sophie Wright
15. Birthplace N.C.

16 (a) Informant Della Sawyer
(b) Address 1829 N. Carolina

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 2 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md. Balto, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) FEB 28 1942 (Date received by Registrar) Huntington Williams, M.D. Address 1741 E. Eager St. Date signed 2/27/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26, 1942 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—

Immediate cause of death: Coronary Occlusion — Duration: 10 mins

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis B Lake M.D.
H. Williams
by W Dawson Swift

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so correct age is especially important.

VS 2

F 89613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Brevard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Brevard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 17, 1888

8. AGE: Years	Months	Days	If less than one day
53	11	10	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Kirk Matthews
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Thelma Smith
(b) Address 1124 Brevard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 538 N. Biddle St.

19 (a) FEB 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1942 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23, 1942 to Feb. 27, 1942, and that I last saw him alive on Feb 26, 1942.

Immediate cause of death (a) Lobar Pneumonia Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Alma, M.D.
Address 924 Madison Ave Date signed 2/27/42

correct age is especially important.

VS 3

F 89614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 697 W. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 697 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GRACE TRIPP ALLEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife William Tripp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Elizabeth Smith
(b) Address 624 Sarah Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Registrar's signature) FEB 28 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 27 1942, and that I last saw h[illegible] alive on Feb 22 1942

Immediate cause of death	Duration
Coronary Thrombosis	—
Due to	
Due to	
Other Conditions Myocardial decay 3yrs.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Nelson M. D.
Address 3 W Biddle Date signed 2-27-42

correct age is especially important

F 89615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-2

F 89615

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 Division Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Division Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT JOSEPH OLIVER JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1919

8. AGE: Years	Months	Days	If less than one day
22	6	4	hr. min.

9. Birthplace Atlantic City N. J.
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Albert Oliver Sr.
13. Birthplace Ga.

MOTHER
14. Maiden Name Mable Coston
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Mable Oliver
(b) Address 1736 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 28 1942 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25, 1942 19 at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Feb 25 1942 and that I last saw h— alive on Feb 25 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 Mos.

Due to

Due to

Other Conditions Intestinal Rectal Abscess — 3 mos.
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. McPhee M. D.
Address 1 E Druid Hill Date signed 2-27-42

correct age is especially important. Physicians, please

VS 3

F 89616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89616

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 Pine Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME FRANCIS EDWARD TRAVERS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Sep.

6 (b) Name of husband or wife Mary Elizabeth Guy
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1896

8. AGE: Years	Months	Days	If less than one day
45	6	6	____ hr. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name George H. Travers
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Fannie Wing
15. Birthplace Dorchester County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23/42 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cemetery
Location Cambridge, Md.

18 (a) Funeral director Sewell H. Bramble
(b) Address Cambridge, Md.

19 (a) FEB 28 1942 Hunter Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1942, at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1942 to Feb. 27, 1942, and that I last saw him alive on Feb. 27, 1942.

Immediate cause of death: Pneumonia, right lower lobe — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2/18/42

Major findings of operation: Gastroscopy

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunter Williams M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 2/28/42

correct age is especially important. Physicians

VS 3

F 89617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

F 89617

Registered No.

RC(70827)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Leeds street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Henry Blanks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Matilda A.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1889

8. AGE: Years	Months	Days	If less than one day
52	5	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name James Blanks
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Palmer
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (Date received by registrar) FEB 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1942; at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1941, to 2-26 1942, and that I last saw him alive on 2-25 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Ca of Oesophagus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-7-42

Major findings of operation: Carcinoma of Oesophagus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wynne V. Culley, Jr. M. D.
Address Baltimore City Hospitals Date signed 2-26-42

correct age is especially important

VS 3

F 89618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89618

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1848 Eagle St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rose Lockley Henson

If U. S. Veteran specify WAR.

(a) Residence: No. 1848 Eagle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Henson

6. DATE OF BIRTH (month, day, year) 8/3/03

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen Co. Va.

FATHER

13. NAME William Thomas Lockley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lillian Bundley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Louis Henson

(Address) 1848 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 28, 19 42

19. UNDERTAKER Mrs Katie R. Williams

(Address) 2237 W. Lanvale St

20. FILED FEB 28 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1941, to Feb. 25, 1942

I last saw her alive on Feb. 23, 1942 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Laryngeal Tuberculosis

Secondary Anemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) E. Walter Shevington M. D.

(Address) 201 N. Carey St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 89619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 N. Strieker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SHELVA J. BROOKS (Birth F-34783)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3-1941

8. AGE: Years	Months	Days	If less than one day
	6 5	2 3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James A. Brooks

13. Birthplace Roxboro - N.C.

MOTHER 14. Maiden Name Emmaline Satterfield

15. Birthplace Roxboro - N.C.

16 (a) Informant James A. Brooks

(b) Address 907 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

19 (a) FEB 28 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 10 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary.	
Due to	
Due to	
Other Conditions Lo	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Lo

of autopsy: Lo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 2-26-42

VS 6

correct age is 6 months

F 89620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 89620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo. 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) No. 500 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeff James

3 (b) If veteran, name of war
3 (c) Social Security Account No. 214-07-8827

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife Mary R. James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16 1900

8. AGE: Years	Months	Days	If less than one day
41	11	9	hr. min.

9. Birthplace Florence - S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas James
13. Birthplace Florence - S.C.

MOTHER
14. Maiden Name Lelia Brockington
15. Birthplace Florence - S.C.

16 (a) Informant Mary James
(b) Address 500 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Florence, S.C.
Location South Carolina

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (a) (Dictrict registrar) (b) Huntington Williams, M.D.

FEB 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-25- 1942, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1941 to 2-25 1942 and that I last saw him alive on 2-25-1942

Immediate cause of death Intestinal obstruction

Due to Carcinoma of Sigmoid + Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-9-41

Major findings of operation: Lysis of adhesions + carcinomatosis

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N. Caroline St Date signed 2-26-42

correct age is especially important

F 89621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 E. Center (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Gardner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 11-17-1868

8. AGE: Years	Months	Days	If less than one day
73	3	9	hr. min.

9. Birthplace Boston Mass (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Geo H. Gardner
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Fannie Robinson
15. Birthplace Boston Mass

16 (a) Informant Florence Nightingale Home
(b) Address 1414 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Donnell St

18 (a) Funeral director Martin Brooke Bradley
(b) Address 1911 N. Howard

19 (a) FEB 28 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 19 . at 7:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to Feb 26 1942, and that I last saw her alive on 19 .

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions Epilepsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson M. D.
Address 2324 Reisterstown Rd Date signed 2/27/42

correct age is especially important—registrar

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89622

CERTIFICATE OF DEATH

33-B F 89622

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. 1811 Kavanagh St (Ward) 15
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosa Ruffin
If U. S. Veteran specify WAR ...

(a) Residence: No. 1811 Kavanagh St Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ROSA RUFFIN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert Julius Ruffin
6. DATE OF BIRTH (month, day, year): Oct. 6, 1895
7. AGE: Years 46 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER
13. NAME: Abner Johnson
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Sallie Jones
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Sallie Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Mem. Pk. Date: 2-28, 1942

19. UNDERTAKER: Mrs. George W. Hoffland
(Address): 1631 Druid Hill Ave.

FEB 28 1942 (illegible) 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1942

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1942 to Feb 24, 1942
I last saw h... alive on Feb 24, 1942. Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, how? ...

(Signed) W. T. Williams M.D.
(Address) 1039 Hollins St

Huntington Williams, M.D.

MAIL CARDS OF DEATH IMMEDIATELY. OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

V8 9

F 89623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 3-a F 89623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Mosher St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-2835

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maddelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-1883

8. AGE: Years 58 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Nelson Brown
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth ??
15. Birthplace Baltimore Md.

16 (a) Informant Maddelle Brown
(b) Address 418 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Ave

FEB 28 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26- 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21- 1942 to 2-26- 1942, and that I last saw h[illegible] alive on 2-25- 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2-26-42

Due to Hypertension —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Langin M. D.
Address 611 N. Carey Date signed 2-27-42

FRAME WITH CARE — correct age is especially important. Physicians: please write plainly

F 89624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-54

F 89624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Lena Tabor

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wilbur C. Tabor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1916

8. AGE: Years 25 | Months 6 | Days 27/6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Lusk
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Godecke
15. Birthplace Balto., Md.

16 (a) Informant Wilbur C. Tabor
(b) Address 233 S. Ann St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 2/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART OF MARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Feiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] (b) FEB 28 1942 Huntington Williams, M.D.

VS 6

correct age in especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at 3:21 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Hypostatic pneumonia, Influenza

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/27/42

F 89625

JN 71943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161-F 89625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3321 Weeden Avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Jones (Birth F-44601)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1942

8. AGE: Years | Months | Days: 6 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Alexander Jones
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Mary Williams
15. Birthplace: North Carolina

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 2/25/42 (month) (day) (year)
(c) Cemetery or crematory: Crematory
Location: Baltimore City Hospitals Crematory

18 (a) Funeral director
(b) Address 4940 Eastern Avenue

19 (a) FEB 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/24 1942 at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21/42 19 to 2/24 1942 and that I last saw h[illegible] alive on 2/24 19 42

Immediate cause of death: Hemorrhage — Duration: 4 days
Due to: Erythroblastosis — 6 days
Due to:
Other Conditions: Septicemia, Jaundice
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Intra-abdominal Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard K. Caldbeck M. D.
Address: Balto City Hosp Date signed 2-26-42

correct age is especially important for [illegible]

VS 3

F 89626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157

F 89626 Registered No.

RC(71704)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Ashton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Simmont (Anna) (Birth F-43738)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1942

8. AGE: Years	Months	Days	If less than one day
			11 hrs min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Cremation (Burial, cremation, or removal) Date thereof 2-22-42 1:30 P (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (d) FEB 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9/1942 at 7:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8/1942 to 2/9/1942 and that I last saw h[illegible] alive on 2/9/1942.

Immediate cause of death Anoxia cephalic — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature D.J. Callard M.D.
Address Balt. City Hosp. Date signed 2/10/42

correct age is especially important

VS 3

89627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 - Registered No. E 89627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN McGINITY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1855

8. AGE: Years	Months	Days	If less than one day
86	8	109	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry McGinity
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Tierney
15. Birthplace Ireland

16 (a) Informant Mr. Roland McGinity
(b) Address Easton & Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4. 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Mahon
(b) Address 3000 E. Balto. St.

19 (a) FEB 28 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25th 1942 at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-26-42

correct age is especially important, a typewriter should be used.

VS 6

F 89628

Shady Rest Farm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 89628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave & Fulton Sts.
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
Street No. 604 Frederick Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Caroline Wetherbee Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Mass.
(Town, county and state)

10. Usual Occupation housewife, retired

11. Industry or business

FATHER
12. Name D. Wetherbee Durant
13. Birthplace Mass.

MOTHER
14. Maiden Name Durant
15. Birthplace Mass.

16 (a) Informant Dr. Wetherbee B. Fox
(b) Address 20 E. Preston St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Balto.

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1800 Eutaw Place

19 (a) FEB 28 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942, at 3 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 19 42 to Feb 28 1942, and that I last saw her alive on Feb 27 1942.

Immediate cause of death Circulatory failure

Due to Arteriosclerosis & Fracture

Due to

Other Conditions Fracture left femur.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fracture Left Hip
(b) Date of occurrence Feb. 23-1942
(c) Where did injury occur? Mrs Coale's Nursing Home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Nursing Home While at work? no
(Specify type of place)
(e) Means of injury Fracture Left Hip. Fell getting out of bed

23. Signature Howard J. Wilson M. D.
Address Date signed

VS 3

Howard J. Wilson M.D.

correct age is especially important

89629

BALTIMORE CITY HEALTH DEPARTMENT 131-a F 89629
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Lamont Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Lamont Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

9-5

3 (a) FULL NAME Catherine R. Ludemann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Henry Ludemann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1868

8. AGE: Years	Months	Days	If less than one day
73	7	30	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name David Carman
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca A. Morris
15. Birthplace Md.

16 (a) Informant John B. Chilcote
(b) Address 2504 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden, Baltimore, Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) FEB 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1942 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1937 to Feb. 25 1942, and that I last saw h~~e~~r alive on Feb. 25 1942

Immediate cause of death: Cerebral hemorrhage. — Duration: 1 day
Due to: Congestive heart failure — 6 days
Due to: Cardio-vascular renal disease
Due to: Arteriosclerosis
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 714 E. Preston St. Date signed

Please write clearly; correct age is especially important. Physicians: please write the cause of death

VS 3

89630

HEALTH DEPARTMENT—CITY OF BALTIMORE

89630

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 HAUBERT St. 24-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME BARBARA KLETTER

If U. S. Veteran specify WAR _____

(a) Residence: No. 1231 HAUBERT St., _____ Ward, _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROBERT KLETTER

6. DATE OF BIRTH (month, day, year) AUG. 29—1882

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	59	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME JOHN WHITE

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME MOLLIE ALLEN

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT ROBERT KLETTER

(Address) 1231 HAUBERT ST.

18. BURIAL, CREMATION, OR REMOVAL

Place CEDAR HILL Date 3-3 19 42

19. UNDERTAKER Bernard C. Hale

(Address) 121 E West St

20. FILED FEB 28 1942 Huntington Wilkinson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 28 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1942 to Feb 28 1942

I last saw h[illegible] alive on Feb 28 1942 Death is said to have occurred on the date stated above, at 1.55A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	2 mos.
Other contributory causes of importance: Chronic Bronchitis	3 mos.
General Oedema	2 mos.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Whelette M. D.

(Address) 1279 Pulham St

OCCUPATION is very important. See instructions on BACK of certificate.

V8 8

89631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 89631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Ramsey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2119 Ramsey St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-07-6471

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lizzetta Davis
If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 11, 1876

8. AGE: Years	Months	Days	If less than one day
65 67	10	15	hr. min.

9. Birthplace North Mt. W.Va.
(Town, county, and state)
10. Usual Occupation Repairman
11. Industry or business B. & O. R.R.

FATHER
12. Name George D. Davis
13. Birthplace Martinsburg, W.Va.

MOTHER
14. Maiden Name Mary R. Baylous
15. Birthplace Martinsburg W.Va.

16 (a) Informant Mrs Lizzetta Davis
(b) Address 2119 Ramsey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St

19 (a) FEB 28 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Feb 26 1942
and that I last saw h live on Feb 26 1942

Immediate cause of death	Duration
Tuberculosis Pulmonary Ulcerous	2 days 5 days
Due to Lt Hemiplegia	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) ~~Means of injury~~ Howard Raley

23. ~~Signature~~ 702 W Pratt St
Address Balto Date signed 2/27/42

correct age is especially important

VS 3

89632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 169

Registered No. F 89632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl ~~Sopchick~~ R. Liedich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1923

8. AGE: Years: 8 | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Liedich
13. Birthplace Md.

MOTHER
14. Maiden Name Marion ?
15. Birthplace Md.

16 (a) Informant Florence Laborer
(b) Address 1423 N. Bond

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Black Road

18 (a) Funeral director Leonard J. Peck
(b) Address 5305 Harford Road

FEB 28 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury Head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-26-42 at 6:40 P M
(c) Where did injury occur? Hoffman Bond St Tunnel (City or town) (County) R.R. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Struck by train

23. Signature Huntington Williams M.D. Medical Examiner.

Date signed 2/27/42

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89633 — 93-D ✓ — F 89633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave
(c) Hospital or institution: Fatas Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Holmes Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocery Store - self

11. Industry or business

FATHER
12. Name William Roth
13. Birthplace Russia

MOTHER
14. Maiden Name Fagle
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-42 (month) (day) (year)
(c) Cemetery or crematory
Location Newark New Jersey

18 (a) Funeral director Jos. Levine
(b) Address 1432 E. Baltimore St

19 (a) Mar 1 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942 at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1942 to Feb. 27 1942 and that I last saw him alive on Feb 27 1942.

Immediate cause of death: Chronic myocarditis — Duration: 2 yrs
Due to: Arteriosclerosis
Due to:
Other Conditions: Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. V. Harbold, M.D.
Address 470 Hanover Road Baltimore Md. Date signed 2/28/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death carefully and correct age is especially important.

VS 2

F 89634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 89634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 W. 26th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence R. Byrens

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John M. Byrens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1877

8. AGE: Years 64 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Emmitsburg, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Wm. Riegle
13. Birthplace Emmitsburg Md

MOTHER
14. Maiden Name Emma McElwaine
15. Birthplace Mansfield, Ohio

16 (a) Informant Amneta Emerton
(b) Address 6804 Crossway, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/42 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location Emmitsburg, Md

18 (a) Funeral director Sherwood D. Courtney
(b) Address 21 W. 25th St.

19 (a) MAR 1 - 1942 (Date filed by Registrar)
Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 3 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1941, to Feb. 26 1942, and that I last saw h. & R alive on Feb 26 19 42.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to Arteriosclerosis and Hypertension.	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas H. S. Cross M. D.
Address 28 W. 25th St. Date signed 2-28-42

F 89635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 89635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 401 da
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 748 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Cason 62966

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	separated

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1892

8. AGE: Years	Months	Days	If less than one day
49	6	27	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Window cleaner
11. Industry or business

FATHER
12. Name Charles
13. Birthplace S.C.

MOTHER
14. Maiden Name Janie Arnold
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-1-42 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore, Maryland

18 (a) Funeral director [illegible] & Miller Inc
(b) Address 2435 Oliver St

19 (a) MAR 1 1942 (Date rec'd by registrar) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942 at 7:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1941 to Feb. 28 1942, and that I last saw him alive on Feb. 28 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	18 mos.
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balt. City Hosp Date signed 2-28-42

correct age is urgently requested

F 89636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 S. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Betz

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-7329

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1885

8. AGE: Years	Months	Days	If less than one day
56	11	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Jacob F.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Shirmer
15. Birthplace Baltimore Md.

16 (a) Informant Charles L. Betz
(b) Address 613 Franklin Ave Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) MAR 1 - 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1942, at 3:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14/1942 to 2/27/1942 and that I last saw h/m alive on 2/27/1942.

Immediate cause of death Cardiac insufficiency

Due to Cerebral Hemorrhage

Due to Hypertensive cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 2/27/42

VS 8

F 89637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 10 F 89637 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 8 124 N Calhoun ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H Shaw - Kneehaw S S 153-16-2873

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine Booth Shaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22-1882

8. AGE: Years	Months	Days	If less than one day
60	10	4	hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER 12. Name John H Kneehaw

13. Birthplace England

MOTHER 14. Maiden Name Martha E Adams

15. Birthplace N. J.

16 (a) Informant Mrs. Catherine B Shaw

(b) Address 124 N. Collins ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto. Md

18 (a) Funeral director Geo. L. Beyer Jr

(b) Address 1512 Hollins St

19 (a) 1-1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at 7:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Fracture of skull — Intra cranial injury — Duration

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following: Accident
(a) Accident, suicide, or homicide
(b) Date of occurrence 2/26/42 at 11:45 P.M.
(c) Where did injury occur? Front & Fleet (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell getting off street car

23. Signature W. H. Landenberger M.D. Medical Examiner.

Date signed 2/27/42

VS 6

F 89638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 89638 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 N. Monroe St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
Street No. 6 N. Monroe St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Annie M. Molesworth

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. M. Molesworth
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 28-1886

8. AGE: Years	Months	Days	If less than one day
56	8	29	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Wm. H. Stobbs.
13. Birthplace Md

MOTHER
14. Maiden Name Ida V. Basil
15. Birthplace Md

16 (a) Informant Wm. M. Molesworth
(b) Address 6 N. Monroe St.

17 (a) Burial (b) Date thereof 3-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem
Location Glenwood Md.

18 (a) Funeral director Geo L. Beyer Jr
(b) Address 1512 Hollins St

19 MAR 1 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1942 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1918 to Feb. 27 1942 and that I last saw her alive on Feb 26 1942

Immediate cause of death	Duration
Cardiac detatation	6 Weeks
Due to Cardio vascular hypertension	20 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Roger M. Brette
Address 2435 Moly Elen Ave Date signed 2nd D. 2/28/42

Please write clearly. Physicians: please write the cause of death so that correct age is especially important.

VS 1

F 89639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 89639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) >

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 2657 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STANLEY NORCUS NORKUS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Not Known
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
52	—	—	hr. min.

9. Birthplace LITHUANIA. (Town, county, and state)
10. Usual Occupation TAILOR.
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant George C Hof.
(b) Address 708 PORTLAND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location Balto Md

18 (a) Funeral director Bernard C. Hoffman
(b) Address 121 E. Fort Avenue

19 (a) MAR 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1942 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1942 to 2/28 1942 and that I last saw him alive on 2/28 1942

Immediate cause of death Bilateral Pulmonary Tuberculosis — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. Harrison Tilghman Jr. M. D.
Address University Hospital Date signed 3-2-42

Please write correct age is especially important. Physicians: please write the cause of death clearly.

VS 8

89640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89640
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Patapsco Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Patapsco
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A Kraft

3 (b) If veteran, name war No
3 (c) Social Security Account No. 705-12-0118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Barbara E Kraft
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 14, 1884

8. AGE: Years	Months	Days	If less than one day
57	8	14	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Conductor on
11. Industry or business B T O. Relief

FATHER
12. Name Andrew Kraft
13. Birthplace Md

MOTHER
14. Maiden Name Ann Walter
15. Birthplace Md

16 (a) Informant Mrs. Barbara E Kraft (wife)
(b) Address 1305 Patapsco St

17 (a) Burial (b) Date thereof March 3 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director A. Rowland & Sons
(b) Address 1409 Light St
Huntington Williams, M.D.

19 (a) (Date rec'd by local Registrar) (b)

MAR 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1942 at 11 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Weidein M.D.
Medical Examiner.
Date signed 2-28-42

correct age is Optionally supplied by informant

F 89641 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89641 1

106-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 - Lindsay Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Solomon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Charles Solomon
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 11/7/1875

8. AGE: Years	Months	Days	If less than one day
66	3	21	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jack Goldsmith
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Nathanson
15. Birthplace Germany

16 (a) Informant Mrs. Henrietta Goldsmith
(b) Address 1902 Lindsay Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Levi Friendship
Location Balto & Cooksbury Rd

18 (a) Funeral director J. Thomas & Co.
(b) Address 2432 Pennsylvania Ave

19 (a) Filed Mar 2 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1942 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1942 to 2/28 1942 and that I last saw h[illegible] alive on 2/28 1942

Immediate cause of death: Cardio - respiratory failure

Due to: purulent bronchitis

Due to:

Other Conditions: arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Purulent bronchitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Kalodner M. D.
Address Sinai Hospital Date signed 3/2/42

F 89642
72048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
13-B

Registered No. F 89642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marceline Dorselt DORSEY 72043

3 (b) If veteran, name war	3 (c) Social Security Account No.
NA	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1891

8. AGE: Years	Months	Days	If less than one day
50	8	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Kizzstell
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Mulvey
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Cathedral
Location Balto., Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAR 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1942, at 6:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1942 to Feb. 27 1942, and that I last saw her alive on Feb. 27 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 2
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbon M. D.
Address Balt City Hosp Date signed 2-28-42

CORRECT AGE IN CAPITAL LETTERS

F 89643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 89643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Hedrick

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	NHF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
M	W	Married	Florence Hedrick	years

7. Birth date of deceased (mo., day, yr.) Dec 1872

8. AGE: Years	Months	Days	If less than one day
69	4	—	hr. min.

9. Birthplace Balto Co Md. (Town, county, or state)
10. Usual Occupation Retired Upholsterer
11. Industry or business U. S. Govt

FATHER
12. Name Noah F. Hedrick
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Christy
15. Birthplace Pa.

16 (a) Informant Melvin D. Hedrick
(b) Address 612 Kingston Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E Fayette St

19 (a) 1 — 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1942, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1942, to 2-27 1942, and that I last saw h.i.M. alive on 2-27 1942.

Immediate cause of death: Generalized peritonitis — Duration: 9-10 days

Due to: Leakage intestinal suture — 11

Due to: line first operatively

Other Conditions: Carcinoma Colon (transverse colon) — months

(Include pregnancy within 3 months of death)

Date of operation 2-17-42

Major findings of operations: Carcinoma Colon

of autopsy: Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Cunningham M. D.
Address University Hospital Date signed 2-27-42

Physicians: please write the cause of death in such terms as will be correct age is especially important.

VS 3

F 89644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 89644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 E. 27th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E. 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

12-43

3 (a) FULL NAME John Holmes

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Elizabeth Stirling Holmes 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1860

8. AGE: Years	Months	Days	If less than one day
82	1	13	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Robert Holmes
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Wilkinson
15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Lettan
(b) Address 427 E. 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 1 (day) 42 (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

MAR 1 1942

VS 8

correct age is objectively impossible

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1942 19 . at 7:45 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25th 19 42 to Feb. 27th 19 42, and that I last saw him alive on Feb. 25th 19 42.

Immediate cause of death	Duration
Acute Cardiac Dilitation	few hrs.
Due to Myocarditis	unknown
Due to	
Other Conditions Endocarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 401 E. 25th St. Date signed 2/28/42

F 89643

JM 71175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 89643

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern, Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2364 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Izac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1900

8. AGE: Years 41 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Mrs. Sohpric

FATHER
12. Name Tom Hall
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mamie Scott
15. Birthplace Baltimore, Maryland

16 (a) Informant Baltimore City Hospitals nec.
(b) Address 4940 Eastern, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Febuf 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md.

18 (a) Funeral director Mrs. George St. Holland
(b) Address 1681 Druid Hill Ave.

19 (a) 1-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25, 1942 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 2-25 1942 and that I last saw her alive on 2-26 1942.

Immediate cause of death Uremia — Duration 4 days

Due to Diffuse peritonitis — 1 mo

Due to Bilateral pyo salpinx — 1½ mo

Other Conditions — con

(Include pregnancy within 3 months of death)

Date of operation 2-6-42

Major findings of operation: Bilateral Pyo salpinx

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice W. Goldman Jr.

Address Baltimore City Hospitals Date signed 2-26-42

VS 3

F 89646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 89646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 N. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 N. Lanvale St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. David Lane

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Hattie Lane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1884

8. AGE: Years	Months	Days	If less than one day
57	11	9	hr. min.

9. Birthplace Somerset Co., Md (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Wm Lane
13. Birthplace Somerset Co., Md

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Hattie Lane
(b) Address 1212 N. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Somerset Co. Md.

18 (a) Funeral director Wm. George K. Haviland
(b) Address 1631 Druid Hill Ave.

19 (a) March 1 1942 (b) [illegible] Williams M.D. (Registered by (number)) (Registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1942, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1942, to Feb. 26, 1942, and that I last saw him alive on Feb. 26, 1942.

Immediate cause [illegible] State of Shock
Due to [illegible] Coronary Thrombosis
Due to [illegible]
Other significant conditions [illegible]
(Include pregnancy within 3 months of death)

Duration
over

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Ellis M. D.
Address 924 Madison Ave Date signed 3/27/42

COUNTY AND STATE FILE NUMBER

F 89647 BALTIMORE CITY HEALTH DEPARTMENT 108 F 89647

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 547 S. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 547 S. Monroe St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Genevieve A. Eisel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Peter Eisel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 9. '84

8. AGE: Years	Months	Days	If less than one day
57	4	17	18 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home Maker
11. Industry or business

FATHER
12. Name Louis Emrich
13. Birthplace Md

MOTHER
14. Maiden Name ? Brown
15. Birthplace Md

16 (a) Informant Mrs. G. Eisel
(b) Address 547 S. Monroe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Daly & Sons
(b) Address 1318 E. Lexington St.

19 (a) MAR 1 – 1942 (Date rec'd by registrar) Burlington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942, at 6:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 27 1942.
and that I last saw h. alive on Feb 27 1942.

Immediate cause of death Myocarditis
Duration 2 days
Due to Double Lobar Pneumonia 9 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kahn
Address 2027 Hoad St. Date signed 3/1/42

correct age is especially important

VS 1

F 89648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Cornelius Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1849

8. AGE: Years	Months	Days	If less than one day
93	1	21	hr. min.

9. Birthplace County Cork, Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Timothy Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Corcoran
15. Birthplace Ireland

16 (a) Informant Mr. J. A. McLaughlin
(b) Address 1941 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. A. McLaughlin
(b) Address 1905 W. Baltimore St. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1942, at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1942 to Feb 27 1942, and that I last saw him alive on Jan 21 1942.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 7 yrs

Due to

Due to

Other Conditions Left hemiplegia — 2 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Swinburne M.D.
Address 910 W. Lombard St. Date signed Mar 1 1942

Please write clearly in ink. Accurate information is necessary, and correct age is especially important. Physicians please write the cause of death in plain terms.

4113 44 F 89649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
Street No. Windsor Mill Rd.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Liebno Marie Eleanora Liebno

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Herman J. Liebno.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1-7-85

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	1	21		

9. Birthplace Md. Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Feldhaus
13. Birthplace Md Baltimore

MOTHER
14. Maiden Name Catherine Carstens
15. Birthplace Md. - Baltimore

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof March 3/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Balto Co. Md

18 (a) Funeral director H. Aumann
(b) Address 603 N. Gilmor St

19. (a) (Date rec'd by local registrar) (b) Huntington Williams

MAR 1 - 1942

VS 3

correct age is especially important. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26, 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1942 to Feb 28 1942 and that I last saw h[illegible] alive on Feb. 28 1942

Immediate cause of death generalized sepsis — Duration

Due to Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank Hinman M.D.
Address J. Hopkins Hosp Date signed 2-28-42

F 89650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 89650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adeline M. Brace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Edward Brace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 11 65

8. AGE: Years	Months	Days	If less than one day
76	11	17	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Cluster Clark
13. Birthplace Mich.

MOTHER
14. Maiden Name Adeline Sherwood
15. Birthplace

16 (a) Informant Miss. Celia Brace
(b) Address 329 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemy.
Location Elmira, N. Y.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (Date received by registrar) MAR 1 – 1942 Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1942 at 9 45' M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Feb. 28 1942 and that I last saw X or alive on Feb. 28 1942

Immediate cause of death
Myocarditis.
Arterio-sclerosis

Duration
Prolonged

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody

Address 1402 Park Ave. Date signed 3/1/42 M. D.

correct age is especially important. Physicians: please write carefully

F 89651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-M

Registered No. F 89651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) No. 4906 Cuntana Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ruth Dirk Corea (Birth F-44238)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/16/42

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James A Corea
13. Birthplace Reno Virginia

MOTHER
14. Maiden Name Dorothy V Hoffman
15. Birthplace Baltimore, Md

16 (a) Informant James A Corea
(b) Address 4906 Cuntana Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1 - 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 24-27 Edmondson Ave

19 (a) MAR 1 1942 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942, at 2 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to Feb 28 1942, and that I last saw h e alive on Feb 28 1942.

Immediate cause of death	Duration
Malnutrition	
Due to Congenital Atresia of Intestines	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Burpitt
Address St Joseph Hospital Date signed 2/28/42

VS 3

412174 F 89652

F 89652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 710 W. Lexington (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha (Becks) Welcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: JAMES
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 3-30-94
8. AGE: Years 47 | Months 10 | Days 28 | If less than one day hr. min.
9. Birthplace W. Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace W. Va

MOTHER
14. Maiden Name Alice Ashbury
15. Birthplace W. Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 1942 (month) (day) (year)
(c) Cemetery or crematory Osbourn
Location
18 (a) Funeral director
(b) Address
19 MAR 1 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942 at 2.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1942 to Feb 28 1942, and that I last saw h[illegible]R alive on Feb 28 1942.

Immediate cause of death	Duration
Lobar pneumonia RUL and RLL	1 wk
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Hinman Jr. M. D.
Address J. Hopkins Hosp Date signed Mar 2 1942

correct age is especially important

VS 3

F 89653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Lauretta Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Louis Bishop

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Bertha P. Bishop

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1862

8. AGE: Years	Months	Days	If less than one day
79	8	19	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Cleaning Dept
11. Industry or business City of Balto

FATHER
12. Name John Bishop
13. Birthplace Md

MOTHER
14. Maiden Name Emma Hunza
15. Birthplace Md

16 (a) Informant Bertha P. Bishop
(b) Address 2309 Lauretta Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul St

19 (a) MAR 2 – 1942 (Date received by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27th 1942 10:05 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 21 1942 to Feb 27 1942 and that I last saw h~~im~~ alive on Feb 27 1942

Immediate cause of death: Myocarditis Acute
Due to: Dilatation of Heart
Due to: Chronic Interstitial
Due to: Nephritis

Duration
✓

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Elmer A. Tralands M.D.
Address 1219 Eastern Ave Date signed 3/28/42

correct age if discrepancy

F 8965-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Hillman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Wiegel (Birth F. 29583)

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. —— None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1941

8. AGE: Years | Months 8 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph E. Wiegel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Genevieve Brandt
15. Birthplace Balto. Md.

16 (a) Informant Mrs Genevieve Wiegel
(b) Address 1916 Hillman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wallace Cody
(b) Address 1278 Pond St

19 (a) Date received MAR 2 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 1942 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1942 to 3/1 1942, and that I last saw h.... alive on 3/1 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Otitis media acute (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Findings of autopsy Bronchopneumonia

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Brandt M. D.
Address Mercy Hosp Date signed 3/4/42

Huntington Williams, M.D.

Physicians: please write in ink. Be sure to correct age is especially important.

F 89655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ~ F 89655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 E 32
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Ward 1903 E 32 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Meier

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Herman Meier
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2 1860
8. AGE: Years 81 Months 9 Days 25 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Rosamond Eucke
15. Birthplace Germany

16 (a) Informant Mrs JH Ottenander
(b) Address 1903 E 32 St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md
18 (a) Funeral director Wilson Corp
(b) Address 1219 E Fayette St
19 (a) MAR 2 — 1942 Registrar
(b) Registered [illegible] Registrar

Harrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1942, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942, to Feb 27 1942, and that I last saw h er alive on Feb 27 1942.

Immediate cause of death: Myocarditis — Duration 3 days
Due to: Pneumonia — 4 J
Due to: Influenza — 7 J 7 F
Other Conditions: Aortic Stenosis and Arteriosclerotic Nephritis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F A Stevens M. D.
Address 3918 Harford Rd Date signed

VS 1

correct age is especially important. Registrar's

F 89656

BC(30027)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

F 89656 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs 1mo

(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1146 W. Hamburg street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Annie Schmelz

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Henry Schmelz

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 3, 1865

8. AGE: Years 76 | Months 9 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation:

11. Industry or business:

FATHER

12. Name: George Jones

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Margaret Turner

15. Birthplace: Maryland

16 (a) Informant: Public records

(b) Address: 4940 Eastern Avenue

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/4/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 S. Paul St

19 MAR 2 — 19[illegible] Huntington Wilkerson, M.D.

(Date received by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1942 11 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1938 to 2-28 1942 and that I last saw h[illegible] alive on 2-28 1942

Immediate cause of death: Bronchopneumonia — Duration 5 days?

Due to: Arteriosclerotic heart disease — 4

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rakbrun M. D.

Address Balto. City Hosp Date signed 3-1-42

correct age if apparently inaccurate

F 89657 Still F 89657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-42

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 W. Fayette Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Fannie H. Still

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8347

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Feb. 6 - 1880

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 62 | Months: | Days: 22 | If less than one day: hr. min.

9. Birthplace: Mt. Savage, Md. (Town, county, and state)

10. Usual Occupation: clerk.

11. Industry or business: Balto. Transit Co

FATHER 12. Name: John Hinkle

13. Birthplace: Germany.

MOTHER 14. Maiden Name: Helen Findley.

15. Birthplace: Germany.

16 (a) Informant: Mrs. Sophia Poland

(b) Address: Mt. Savage, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 2/42 (month) (day) (year)

(c) Cemetery or crematory: Mt. Savage Cem

Location

18 (a) Funeral director: George L. Schwatt

(b) Address: 2101 Frederick ave

19 (Date rec'd by registrar) MAR 2 - 1942 Clinton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1942 at 4:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936 to 1942 and that I last saw her alive on Jan 9. 1942.

Immediate cause of death: Coronary Thrombosis

Due to: Hypertensive cardio vascular renal disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 6 years

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edwin Fleming.

Address: 190 W. Baltimore Date signed: 3-2-42 M. D.

VS 2

Ch. L. Wollenweber MD with Coroner Lyon

F 89658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 89658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4713 Pilgrim Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLEMENT C. ARCHER

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Olive L. Tabler
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1876

8. AGE: Years	Months	Days	If less than one day
66	-	-	hr. min.

9. Birthplace Ottaway Lake, Michigan (Town, county, and state)
10. Usual Occupation Retired Minister
11. Industry or business

FATHER
12. Name Henry Archer
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Astiandar
15. Birthplace New York City

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road
18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 MAR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1942, at 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22, 1942, to Feb. 27, 1942, and that I last saw h im alive on Feb. 27, 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 2/28/42

VS 8

correct age is especially important. Typewriter, please.

F 89659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 X

Registered No. F 89659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Winchester on Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES W. ROLPH.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced. MARRIED.

6 (b) Name of husband or wife: Edith Ewing Rolph
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Aug 13th 1892

8. AGE: Years 69 67 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace Chestertown Md. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Mutual Life of N. Y.

FATHER
12. Name James A. Rolph
13. Birthplace Md

MOTHER
14. Maiden Name Emeline B. Rayland
15. Birthplace Baltz Md.

16 (a) Informant Edith Ewing Rolph
(b) Address Winchester A. A. Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director McKinney Cook
(b) Address 227 St Paul St

19 (a) M.D. (b) Huntington Williams M.D.
MAR 2 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 27, 1942, at 5 AM. PM.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 15 1942 to FEB 27 1942, and that I last saw him alive on FEB. 27 1942.

Immediate cause of death: CEREBRAL EMBOLISM. — Duration: 2 days.
Due to: POST-OPERATIVE EMBOLISM.
Due to: GASTRIC RESECTION
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation FEB. 25, 1942
Major findings of operation: GASTRIC ULCER
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Johnson M.D.
Address Union Memorial Hosp. Date signed?

Please write the cause of death correctly. Physicians: please write the cause of death correctly. Correct age is especially important.

F 89660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 55

F 89660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Rosekemp ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Rosekemp ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah F. Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Henry Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	24	hr. min.

9. Birthplace Norfolk Va (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Peter Murry
13. Birthplace Va

MOTHER 14. Maiden Name Haviett Knight
15. Birthplace Va

16 (a) Informant Henry Snyder
(b) Address 3201 Rosekemp ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Leonard J Cyclt
(b) Address 5305 Harford Rd

19 (a) MAR 2 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Feb 27 1942 and that I last saw her alive on Feb 26 1942

Immediate cause of death	Duration of Days
Myocardial Insufficiency	
Due to Myocarditis	12 mos.
Due to Arteriosclerosis	6 mos
Other Conditions Tumor of uterus, 2 mos. ovar	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed J Zimmerman
Address 9958 Old yard Date signed 3/7/42

correct age is especially important — [illegible]

F 89629 (F 89661)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 89661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 das
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 McElderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Redd — 213-07-8200

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Nannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-92

8. AGE: Years 49 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alex. Redd —
13. Birthplace Va —

MOTHER
14. Maiden Name Maffie Morton —
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

18 (a) Funeral director Bryant Francis & Knight
(b) Address 727 Edgewood St

19 (a) MAR 3 — 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1942 at 2:16 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to Feb 28 1942 and that I last saw him alive on Feb. 28 1942

Immediate cause of death: Cardiac failure — Duration 4 weeks

Due to: Aortic insufficiency, ? syphilitic — Duration ?

Due to:

Other Conditions: Pulmonary Fibrosis, bilateral, cause undetermined

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Austrian

Address John Hopkins Hospital Date signed 3/1/42

VS 3

correct age if especially important

F 89662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89662
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2204 Preston Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME antoinette Schuck (Birth F 42910)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 21, 1942

8. AGE: Years 0 | Months 10 | Days 138 | If less than one day hr. min.

9. Birthplace Baltimore Monfant (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name James Schuck
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Matula
15. Birthplace Maryland

16 (a) Informant Catherine Matula
(b) Address 2204 Preston Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) MAR 2 — 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1942 at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1942 to Feb 28 1942 and that I last saw her alive on Feb 28 1942

Immediate cause of death — Duration
Bronchopneumonia — 2 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Bronchopneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Phil L. DeVincentis M.D.
Address Mercy Hospital Date signed 3/3/42

Physician: please write the cause of death correct age is especially important.

VS 8

411458

BALTIMORE CITY HEALTH DEPARTMENT

F 89663 CERTIFICATE OF DEATH

51-B

F 89663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Preston (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Simpson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susie

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 3-10-71

8. AGE: Years 70 | Months 11 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Steve Simpson
13. Birthplace Md

MOTHER 14. Maiden Name Sarah Brown
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1942 (month) (day) (year)

(c) Cemetery or crematory preston
Location preston Maryland

18 (a) Funeral director J J Frampton Sons
(b) Address Federalsburg Md.

19 (a) MAR 2 1942 (Date rec'd by registrar) (b) Huntington Williamsville, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 1 1942 at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to MAR 1 1942 and that I last saw HIM alive on MAR 1 1942.

	Duration
Immediate cause of death: Peritonitis	12 hrs.
Due to: Pelvic abscess	1 wk?
Due to: Carcinoma, prostate	2 yrs.
Other Conditions: Renal calculus	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W O Tennant
Address J. H. H. Date signed 3/1/42

VS 3

correct age is especially important. Physicians, please

F 89664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 89664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1416 Gorsuch Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROMEO A. CAMPEGGI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elizabeth Hayes
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1895

8. AGE: Years	Months	Days	If less than one day
46	56	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Car man
11. Industry or business Pennsylvania R.R.

FATHER
12. Name Frank Campeggi
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabeth Otis
15. Birthplace Baltimore

16 (a) Informant Elizabeth Campeggi - wife
(b) Address 1416 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 1200 Old Frederick Rd

18 (a) Funeral director Edward W. Conklin & Son
(b) Address 924 E. Eager St.

19 MAR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1942; at 10 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary occlusion
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed 3-1-42

VS 5

correct age if Optionally impossible, if not known, state approximate age.

F 89665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1/86 MF 89665 REGISTRAR NO.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E. 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E. 23rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Calvin Douglas

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/26/1875

8. AGE: Years	Months	Days	If less than one day
46	4	—	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Frederick Douglass
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Anyie Bailey
15. Birthplace Carroll Co Md

16 (a) Informant Josie Jackson
(b) Address 310 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Carroll Co Md

18 (a) Funeral director Mrs Geo A. Holland
(b) Address 1631 Druid Hill Ave

19 MAR 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942 at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Syndrome vertebra Laceration of Spinal Cord	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/15/42 at M
(c) Where did injury occur? 300 Block Calhoun St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 3/2/42

VS 6

Correct age is especially important for persons 65 years of age and over

F 89666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 89666
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Denison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Denson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CONROY GOLLERY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
--	--	Female	White	Widow

6 (b) Name of husband or wife John W. Gollery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1854

8. AGE: Years	Months	Days	If less than one day
87	3	2	hr. min.

9. Birthplace Howard County Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Conroy
13. Birthplace Howard County Md.

MOTHER
14. Maiden Name Margaret Kerr
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Schaffer
(b) Address 617 Denison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto. Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 MAR 2- 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942 at 12:52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1936 to Feb 28 1942
and that I last saw h[illegible] alive on Feb 28 1942.

Immediate cause of death Broncho Pneumonia — Duration 4 days
Due to
Due to
Other Conditions Generalized Arteriosclerosis Impacted Cataract Ht Hyp — Years 2 or 1936
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frances F Keen M. D.
Address 938 Linden Ave Date signed Mar 2 1942

CORRECT AGE IF UNKNOWN

F 89667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 89667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4003 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15 S.P.

3 (a) FULL NAME Edwin W. Benson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Alice Benson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/1872

8. AGE: Years	Months	Days	If less than one day
70	0	13	hr. min.

9. Birthplace Washington D.C. (Town, County, and state)
10. Usual Occupation Retired Bookkeeper
11. Industry or business

FATHER
12. Name George W. Benson
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Mary Alice Benson
(b) Address 4003 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director John J. Fickus & Son.
(b) Address Yuth & Pa. Ave.

19 (a) MAR 2- 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1942 at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1939 to Jan. 30 1942, and that I last saw him alive on Jan 30 1942.

Immediate cause of death Chronic Degeneration myocarditis. — Duration 3 yrs.

Due to Bronchitis — 20 yrs.

Due to Pneumonia + Abscess x Lungs ogo. — ovn

Other Conditions Cachexia x malnutrition, Avitaminosis (Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operation: None.

of autopsy: None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Myers M. D.

Address 1045 Park St. Date signed 3/2/42

VS 3

correct age is apparently impossible

F 89668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D

F 89668

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlton St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Abbot Court Balto (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. DOBSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Married

6 (b) Name of husband or wife Robert T. Dobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1887

8. AGE: Years	Months	Days	If less than one day
54	9	4	hr. min.

9. Birthplace Chester Co., Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George F. Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mc Dermott
15. Birthplace Ireland

16 (a) Informant Mr. Dobson
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/-/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pa.

19 (a) MAR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1/ 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1942 to 3/1 1942 and that I last saw her alive on 3-1- 1942

Immediate cause of death (Peripheral irregular ovalvision) — Duration

Due to Amenterpfibrillation or abyembolism — 2 Days

Due to Toxic nodular goiter

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Vogel, Jr. M.D.
Address St. Joseph's Hosp. Date signed 3/1/42

correct age is especially important

VS 3

F 89669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 89669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Sequoia (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Olive Clough -

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-87

8. AGE: Years 54 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Md. Reisterstown, Md (Town, county, and state)

10. Usual Occupation Teacher -

11. Industry or business

FATHER
12. Name Zechariah Clough -
13. Birthplace Md - Carroll Co.

MOTHER
14. Maiden Name Eliz. Crawford
15. Birthplace Md. Freelands, Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North and Pa. Aves.

19 (a) (Date received by registrar) **(b)** Huntington Williams, M.D. Registrar
MAR 5 - 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1, 1942 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1941 to Mar 1 1942, and that I last saw her alive on Mar. 1 1942.

Immediate cause of death Carcinomatosis — Duration 1 yr.

Due to Carcinoma of the breast — 7 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David P. Barker

Address Johns Hopkins Hosp **Date signed** 3/4/42 M D

correct age is especially important

F 89670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 89670
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Roslyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Roslyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

153

3 (a) FULL NAME GERTRUDE M. WHEDBEE

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Arthur E. Whedbee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1882

8. AGE: Years	Months	Days	If less than one day
59 58	3	11	hr. min.

9. Birthplace Queen Anne Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name F. L. Smith
13. Birthplace New York

MOTHER
14. Maiden Name Clara Bosser
15. Birthplace New York

16 (a) Informant Mr. Arthur E. Whedbee
(b) Address 2303 Roslyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem. Cem
Location Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa

19 (a) MAR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27, 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1941 to Feb 27 1942 and that I last saw h-- alive on Feb 27 1942.

Immediate cause of death: Broncho-pneumonia — Duration: 3 days
Due to: Carcinoma of left breast — Heart expir ago.
Due to:
Other Conditions: Metastasis in Pelvic bony structure & spine
(Include pregnancy within 3 months of death)
Date of operation 1936 — Rembrandt
Major findings of operation: Carcinoma
of autopsy: No autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E Whedbee
Address 2220 Garrison Blvd Date signed 3/2/42

VS 3

Correct age if obviously wrong

F 89671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193 D

F 89671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Brunt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADELIA DICKINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	7	25		

9. Birthplace Talbot County Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name Mrs. Emma Dickinson
15. Birthplace Trappe Md

16 (a) Informant Marion E Newnam
(b) Address Easton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942 (month) (day) (year)
(c) Cemetery or crematory Trappe Station
Location Talbot Co.

18 (a) Funeral director W. E. Newnam & Son
(b) Address Easton Md.

19 MAR 2 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular disease.	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Date of operation hs

Major findings of operation:

of autopsy: hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner.
Date signed 3-1-42

VS 6

correct age is especially important

F 89672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89672
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Cornelius Ave.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Highland Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia DE PEW.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-1926

8. AGE: Years	Months	Days	If less than one day
15	3	21	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name R. G. Depew
13. Birthplace Penn.

MOTHER
14. Maiden Name Dora Jones
15. Birthplace Penn.

16 (a) Informant R. E. Depew
(b) Address Laurel Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2-42 (month) (day) (year)
(c) Cemetery or crematory Laurel Md
Location Laurel Md

18 (a) Funeral director J. Roy Fraser
(b) Address Laurel Md.

19 (a) MAR 2- 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/1942 at 2:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19/1942 to 2/28/1942 and that I last saw h alive on 2/28/1942

Immediate cause of death — Duration
Pulmonary edema
Due to Pneumonia — one day
Due to
Other Conditions Emphysema — acute nephritis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: SAME.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Edmonson M. D.
Address St Joseph's Hosp. Date signed 3-1-42

correct age is especially important

VS 3

F 89673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 89673 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 W. Franklin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 27 | Months | Days | If less than one day hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name R. L. Clark.

13. Birthplace N.C.

MOTHER 14. Maiden Name Euphocen

15. Birthplace N.C.

16 (a) Informant Sam. Poole

(b) Address 633 W. Franklin

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-4-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Hohstadt

(b) Address 918 Druid Hill Ave.

19 (MAR 2 – 1943) Huntington Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1942 to Feb 23 1942, and that I last saw him alive on Feb 23 19 42

Immediate cause of death: Miliary Tuberculosis — Duration: over 3 weeks

Due to: Tuberculous Osteitis of

Due to: 5th Lumbar Vertebra

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Miliary Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Hunter, Jr. M. D.

Address University Hospital Date signed 2/25/42

Form prescribed by State Department of Health. Physicians: please write the cause of death clearly and legibly; correct age is especially important.

VS 3

F 89674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 — F 89674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 1/2 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Bradford
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 E. William Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. B. Griffin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife — Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-05

8. AGE: Years	Months	Days	If less than one day
37	—	19	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Daniel Griffin
13. Birthplace Canada

MOTHER
14. Maiden Name Ellen Bailey
15. Birthplace N. Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory
Location Bradford, Pa.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1960 Eutaw Place

19 (a) MAR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1942 to March 1 1942 and that I last saw h alive on March 1, 1942

Immediate cause of death: Brain abscess - organism not known — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 1

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hosp. Date signed 3-

correct age is especially important. Registrars please

VS 3

F 89675

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 931

F 89675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ewald Wattenschidt Jr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Augusta Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/16/1877

8. AGE: Years	Months	Days	If less than one day
64	2	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Ewald Wattenschidt
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Wagner
15. Birthplace Harford Co. Md.

16 (a) Informant Katherine Boessel
(b) Address 542 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemy.
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address 1900 Eutaw Place

19 (a) MAR 2- 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28, 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to Feb 28 1942, and that I last saw h. im alive on Feb 28 1942

Immediate cause of death
(a) Coronary Thrombosis — Duration 1 day
Due to Hypertensive Cardio-Vascular disease — 3yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F. Kielmansegg M. D.
Address 6 E. Biddle St. Date signed

Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 89676

BALTIMORE CITY HEALTH DEPARTMENT ✓ 93-D

CERTIFICATE OF DEATH

F 89676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Comet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Esther Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 9, 1865

8. AGE: Years	Months	Days	If less than one day
76	9 11	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Phillip Jones.
13. Birthplace Virginia

MOTHER
14. Maiden Name Elvira ?
15. Birthplace Virginia

16 (a) Informant Esther Jones
(b) Address 1136 Comet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto Co Md
18 (a) Funeral director Robert E Williams
(b) Address 5 McElderry St
19 (a) MAR 2 1942 (Date rec'd by registrar) (b) Huntington Station, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1942, at 12:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Interstitial chronic cardio-vascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm G. Helfrich M.D. per. M.D. Medical Examiner
Date signed 3/2/42

VS 6

correct age is especially important

F 89677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160

F 89677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Llewelyn (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Steward (Birth F- 44909)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/26/42
8. AGE: Years | Months | Days 2 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jos Tappscott
13. Birthplace Md

MOTHER
14. Maiden Name Tinnie Steward
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md
18 (a) Funeral director Robt E Mallonee
(b) Address 15 15 McCulloh St
19 (a) MAR 2 1942 (Date filed by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942 at 3:00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to Feb 28 1942 and that I last saw h.e.r alive on Feb 28 1942

Immediate cause of death Subarachnoid hemorrhage — Duration 48 hrs.
Due to Labor
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Roy Pollack M. D.
Address J. H. H. Date signed 2-28-42

correct age is especially important

F 89678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Piedmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Piedmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rubin Reidman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sophie Reidman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Transfer Business
11. Industry or business

FATHER
12. Name Henry Reidman
13. Birthplace Poland

MOTHER
14. Maiden Name Miriam —
15. Birthplace Poland

16 (a) Informant Sophie Reidman
(b) Address 3300 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory Mount Hebron
Location Old Rd. Bowley's Lane

18 (a) Funeral director Jack Laura and
(b) Address 1439 E. Balto. St

19 (a) MAR 2 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2- 1942, at 2:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 3-2 1942
and that I last saw h— alive on 3-2 1942

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Angina Pectoris arterio-sclerosis coronary vessels

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen
Address Marcelandy Date signed 3/4/42

correct age is especially important

VS 3

F 89679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 89679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E Fremont St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~year~~ ~~month~~ days) 7
(e) Length of stay in Baltimore (~~year~~ ~~month~~ days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Caldwell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Jacob Silverman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.) 5-5-1879
8. AGE: Years 63 | Months 9 | Days 26 | If less than one day ____ hr. ____ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re Merchant
11. Industry or business

FATHER
12. Name Chaim Yehuh Silverman
13. Birthplace Russia

MOTHER
14. Maiden Name Untrown
15. Birthplace Russia

16 (a) Informant Samuel Silverman
(b) Address 4632 Reisterstown Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New Shomrim Cem Co
Location Mt Carmel
18 (a) Funeral director Isaac Levin Inc
(b) Address 1439 E Balto St
19 (a) MAR 2 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1 1942 1145 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to Mar 1 1942 and that I last saw h~~is~~ alive on Mar 1/42 1942.

Immediate cause of death: Cardiac Failure - Dementia — Duration

Due to: Carcinoma of Splenic Flexure & extension to Stomach

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Splenic Flexure of Colon & extension to Stomach
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. Sherman M.D.
Address Sinai Hosp Balto Date signed 3/1/42

V3 3

F 89680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-W

F 89680
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1644 N. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 N. Monroe St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Samuel Sol

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-03-3097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband Esna Gordon
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Esna Sol
(b) Address 1644 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Ohel Shalom
Location Odonel St

18 (a) Funeral director Jacob Louis Lee
(b) Address 1439 E. Baltimore St

19 (a) MAR 2- 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry E. Candler Greff M.D.
Medical Examiner
Date signed 3/2/42

VS 6

correct age is especially important. Physicians, please write plainly.

F 89681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE BARNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 188?

8. AGE: Years 60 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Louis Barney
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Gibson
15. Birthplace Md.

16 (a) Informant Lillian Barney
(b) Address 704 Sarah Ann St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/2/1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn.
Location Mt Winans Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) MAR 2 - 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1942, at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease.
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer Asst. Medical Examiner. M.D.
Date signed 2-26-42

correct age is especially important. If uncertain, please write

VS 6

89682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 701 Dolphin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ETHERINE JAMES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1941

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Liberal S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Willie James
13. Birthplace Chesterfield Co. S.C.

MOTHER
14. Maiden Name Eunice Kilman
15. Birthplace Chesterfield Co. S.C.

16 (a) Informant Willie James
(b) Address 701 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml. H. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) MAR 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 19 42 at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchopneumonia
Due to primary

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollaeuter M.D.
Asst Medical Examiner.
Date signed 3-1-42

VS 6

correct age is especially important—

I certify that the above is a true and

89683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 Registered No. F 89683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits write RURAL and give town)
(d) Street No. 40 Bleister St., Aero Acres (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Deeble (Birth F-44790)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-42

8. AGE: Years	Months	Days	If less than one day
			8 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Burl Ivan Deeble
13. Birthplace Lucas, Kans.

MOTHER
14. Maiden Name Beryl Alice Doane
15. Birthplace Bloyne, Kans.

16 (a) Informant Mrs. Beryl Deeble
(b) Address Middle River, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 2 1942
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) MAR 2 - 1942 (Date rec'd by registrar) Waiting for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1942 to 2-22-1942 and that I last saw him alive on 2-22-1942

Immediate cause of death: Intracranial hemorrhage — Duration 8 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Miller, M. D.
Address University Hosp. Date signed 2-27

VS 3

PLEASE WRITE IN INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1084

89684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 443 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Moran

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/10/1874 If less than one day hr. min.

8. AGE: Years 68 | Months | Days 18

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation Shut-Worker
11. Industry or business Pub. of Balto. Md.

FATHER
12. Name Thomas Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Josephine Goodhues
15. Birthplace Md.

16 (a) Informant Mrs. Jean Scholla
(b) Address 443 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/42 (mo.) (day) (year)
(c) Cemetery or crematory Greenmount
Location Old Boundary

18 (a) Funeral director John J. Moran
(b) Address 3902 Harford Ave

19 (a) Registrar

MAR 2 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/1942 at 39, M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1942 to 2-28 1942, and that I last saw her alive on 2-27 1942.

Immediate cause of death: Acute confusional insanity — Duration: 1 day

Due to: Hypertension — 5 mos.

Due to: Chronic interstitial nephritis — 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry R. Plank M. D.
Address 232 E. Lanvale Date signed 3-2-42

correct age is especially important. Typewriter preferred.

89685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 89685

PLEASE WRITE PLAINLY with ink. Physicians: please write the causes of death clearly and legibly. Give correct age in all cases. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly

F 89686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 89686

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 149 DECKER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 149 N. DECKER AVE. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA MARIE KOERNER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: THOMAS KOERNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): AUG. 31 1887

8. AGE: Years 54 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: BENJAMIN STROHECKER
13. Birthplace: BALTO.

MOTHER
14. Maiden Name: MARGARET ZELL
15. Birthplace: BALTO.

16 (a) Informant: THOMAS KOERNER (HUSBAND)
(b) Address: 149 N. DECKER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 3/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Sally L. Zumbrun
1005 S. WOLFE ST.

19 (a) MAR 2 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH FEB. 28 1942 at 1/20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1942 to Feb 28 1942, and that I last saw h[illegible] alive on Feb 27 1942.

	Duration
Immediate cause of death: Cardio-vascular failure	3 days
Due to: Diabetes	1 yrs.
Due to:	
Other Conditions: Chron. Nephritis Pregnancy of 2 mos - (6 mos) (Include pregnancy within 3 months of death)	2 yrs.

Date of operation: None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank R. DiPaula
Address: 232 S. Conkling Date signed: 2/28/42 M.D.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 1

89687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 or F 89687 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2703 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 N. Calvert
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Della P. Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert Ellis
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1877

8. AGE: Years	Months	Days	If less than one day
64	5	1	-- hr. --min.

9. Birthplace Centreville, Maryland (Town, county, and state)
10. Usual Occupation Designer
11. Industry or business -------

FATHER
12. Name Thomas H. Plummer
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Glanding
15. Birthplace Maryland

16 (a) Informant Miss Maude M. Plummer
(b) Address 2703 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director R. W. Means & Sons
(b) Address 805 N. Calvert Street

19 (a) Date received (Registrar) MAR 2 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1942 to Mar 1 1942 and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis — Duration 2 wks
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Nathaniel M. Beck M. D.
Address 2727 N. Charles St. Date signed Mar 2 42

PLEASE WRITE CLEARLY with pen and ink and use no abbreviations. Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

F 89688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 W Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivary Brickhouse

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1901

8. AGE: Years	Months	Days	If less than one day
40	4		hr. min.

9. Birthplace Va (Town, county, state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Pat Brickhouse

13. Birthplace Va

MOTHER 14. Maiden Name Nellie

15. Birthplace Va

16 (a) Informant Marie Johnson

(b) Address 1512 E. Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Govanstown

18 (a) Funeral director Robert E. Williams

(b) Address 1315 McElderry St

19 (a) MAR 2 – 1942 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1942 at 11:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 23 1942 to Feb 27 1942 and that I last saw her alive on Feb 27 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 4 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed Mar 3 1942

VS 3

Correct use is especially important

F 89689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 89689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 Carlton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 Carlton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida B. Houck.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife George Houck.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1873

8. AGE: Years	Months	Days	If less than one day
68	6	17	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Elijah Hale.
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Royston.
15. Birthplace Md.

16 (a) Informant Oscar Houck.
(b) Address 40 Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3/42 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location Army Alumni Lot Sec.

18 (a) Funeral director Bernard F. Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 2 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27, 1942, at 11.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942, to 2/27 1942, and that I last saw h[illegible] alive on 2/27 1942.

Immediate cause of death: Auricular fibrillation as a fond

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: [illegible] Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence S. Hagadon M.D.
Address 1945 W. Baltimore Date signed 3/2/42

correct age is especially important. Physicians please write

V2 3

F 89690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 1812 Warwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Samuel Fillmore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5419

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Annie J. (McCaulay)
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1891

8. AGE: Years	Months	Days	If less than one day
51	-	27	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Section Hand.
11. Industry or business Mt. Vernon Mills.

FATHER
12. Name Samuel Fillmore
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Smitty.
15. Birthplace Va

16 (a) Informant Annie J. Fillmore
(b) Address 1812 Warwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Edmondson Ave, Hunting for Williams, MD

19 (a) MAR 2 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1942 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1942 to 2-27 1942, and that I last saw h[illegible] alive on 2-27 1942

Immediate cause of death	Duration
Complete heart block	2 days
Due to Arteriosclerotic heart disease	4 years?
Other Conditions Syphilis ? (Or pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Groff M. D.
Address WBJ. H. Date signed 2-27-42

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

8962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 89691

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Leeds St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver Watts

(a) Residence: No. 3113 Leeds St., ... Ward. Annapolis Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Watts

6. DATE OF BIRTH (month, day, year) June 9 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arnold Md.

FATHER

13. NAME David Watts

14. BIRTHPLACE (city or town) (State or country) Arnold Md.

MOTHER

15. MAIDEN NAME Annie Davis

16. BIRTHPLACE (city or town) (State or country) Arnold Md.

17. INFORMANT Amanda Watts

(Address) College Ave. Annapolis

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cavalry Date Mch. 5 1942

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED MAR 2 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1942 to March 2 1942

I last saw him alive on 2-28 1942. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1941
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

E 89692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 89692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

D-1

3 (a) FULL NAME Mary Lyden

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Lonaconing md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Michael Winn
13. Birthplace ?

MOTHER
14. Maiden Name Mary Conlon
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (b) Date thereof Mar. 3 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

MAR 2 - 1942 (Registered by) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 5 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Mch 2 1942, and that I last saw her alive on Mch 1 1942.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 2 North Ave Date signed 3/2/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

89693 11 Hospital 1206 E Preston 108 ✓ F 89693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Hakesley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Holbrook (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Wallace
6 (c) If alive, give age: 22 years
7. Birth date of deceased (mo., day, yr.): Aug 26 1923
8. AGE: Years: 18 Months: 6 Days: 6 If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name: Robert Lumpkin
13. Birthplace: Richmond Va

MOTHER
14. Maiden Name: Mary Ellis
15. Birthplace: Baltimore

16 (a) Informant: William Wallace
(b) Address: 1226 Holbrook

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 3/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore

18 (a) Funeral director: Frank Leach & Son
(b) Address: 800 N. Chester St.

19 (d) MAR 2 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 19 42, at 2 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 19 42 to Feb 28 19 42 and that I last saw her alive on Feb 28 19 42.

Immediate cause of death: Lobar Pneumonia — Duration: 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Jos S. Blum MD
Address: 806 E. Preston Date signed: 2/28/42 M.D.

corrected age is especially important. Physician please

VS 8

F 89694
MA 72125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89694
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Nassau
(c) City or town Baltimore Freeport Long Island
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 373 Woodcleft Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Knudsen

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-12-5637

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna R Knudsen
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1874

8. AGE: Years	Months	Days	If less than one day
68	1	4	..... hr. ..... min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Commercial Fisherman
11. Industry or business

FATHER — 12. Name	Unknown
FATHER — 13. Birthplace	Norway
MOTHER — 14. Maiden Name	Unknown
MOTHER — 15. Birthplace	Norway

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 2 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Freeport, Long Island N.Y.

18 (a) Funeral director Bertram R. Cole
(b) Address 2334 N. Charles St.

19 (a) MAR 3 1942 (Registrar) (b) Huntington Williams, M.D.

VS 3

correct age is especially important. Physicians, please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1942, to 3/1 1942, and that I last saw h[illegible] alive on 3/1 1942.

Immediate cause of death — Duration
Lobar Pneumonia — 7
Arteriosclerotic Heart Disease — 5
Due to Cardiac Failure — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 3/2/42 M. D.

F 89695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 89695 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and legibly. Answer all questions, whether apparently important or not. Be sure that the information given is correct and complete. Use middle initial of decedent's name. Use black ink. Do not abbreviate. Be sure that the age is correctly stated. Be sure that the cause of death is correctly stated. Be sure that the date of death is correctly stated. Be sure that the place of death is correctly stated. Be sure that the name of the informant is correctly stated. Be sure that the address of the informant is correctly stated. Be sure that the relationship of the informant to the deceased is correctly stated. Be sure that the signature of the informant is correctly stated. Be sure that the date of signature is correctly stated. Be sure that the name of the undertaker is correctly stated. Be sure that the address of the undertaker is correctly stated. Be sure that the date of burial is correctly stated. Be sure that the name of the cemetery is correctly stated. Be sure that the location of the cemetery is correctly stated. Be sure that the name of the funeral director is correctly stated. Be sure that the address of the funeral director is correctly stated. Be sure that the name of the registrar is correctly stated. Be sure that the date of registration is correctly stated. Be sure that the number of the certificate is correctly stated. Be sure that the number of the permit is correctly stated. Be sure that the number of the burial is correctly stated. Be sure that the number of the removal is correctly stated. Be sure that the number of the cremation is correctly stated. Be sure that the number of the disinterment is correctly stated. Be sure that the number of the reinterment is correctly stated. Be sure that the number of the transportation is correctly stated. Be sure that the number of the embalming is correctly stated. Be sure that the number of the autopsy is correctly stated. Be sure that the number of the inquest is correctly stated. Be sure that the number of the coroner's certificate is correctly stated. Be sure that the number of the medical examiner's certificate is correctly stated. Be sure that the number of the physician's certificate is correctly stated. Be sure that the number of the hospital certificate is correctly stated. Be sure that the number of the nursing home certificate is correctly stated. Be sure that the number of the other certificate is correctly stated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Sharp (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Summerville

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 20, 1871
8. AGE: Years 70 | Months 10 | Days 18 | If less than one day hr. min. 69
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James H. Hill
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Eliza Farrell
15. Birthplace Virginia

16 (a) Informant Bertina Springs
(b) Address 909 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Frank L Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b) Huntington Williams M.D. Registrar

Registered by registrar MAR 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27/1942, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23/1942 to 2/27/1942 and that I last saw h[er] alive on 2/27/1942

Immediate cause of death: Broncho-Pneumonia
Due to Acute Bronchitis
Due to Influenza Type
Other Conditions

Duration: 4 days

Autopsy: No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Guy Lowley M.D.
Address 519 N Calhoun St Date signed 3/5/42

F 89696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Plum St Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Plum Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kenny

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Greenfield, Va (town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Kenny
13. Birthplace Va

MOTHER
14. Maiden Name Millie Davenport
15. Birthplace Va

16 (a) Informant Margaret Dorsey
(b) Address 206 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 3 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Sayer
(b) Address 442 W Stiles St

19 (a) MAR 3 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 2-28 1942, and that I last saw him alive on 2-28 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive Cardio Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Kenny M. D.
Address 803 N Grove Date signed 3-2

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 89697

F 89697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 W. Chase Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARRIE JEFFERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1876

8. AGE: Years	Months	Days	If less than one day
65	3	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Samuel Jefferson
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Armstrong
15. Birthplace Md.

16 (a) Informant Mrs Annie Richardson
(b) Address 214 W. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St. Williams, M.D.

MAR 3 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1942, to 3/2 1942, and that I last saw h[illegible] alive on 3/2 1942.

Immediate cause of death	Duration
Hypostatic congestion-bronchial pneumonia	1 year
Due to Post operative Septicemia Staphylococcus aureus	1 day
Due to pneumonia	
Other Conditions	

(Include pregnancy within three months of death)

Date of operation 2/28/42

Major findings of operation: Ileal gut adhering to large intestine

of autopsy: Log amputation

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Jackson, M.D.
Address 628 N. Arlington Ave. Signed 3/5/42

correct age is especially important. Physician: please write plainly.

VS 3

F 89698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/23

F 89698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimord (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Mosher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERTHA GRIFFITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1895

8. AGE: Years	Months	Days	If less than one day
46 49	11	28	hr. min.

9. Birthplace Fairfield S. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Preston Griffith
13. Birthplace S. C.

MOTHER
14. Maiden Name Julia ?
15. Birthplace S. C.

16 (a) Informant Mrs Ethel Johnson
(b) Address 527 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAR 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1942, to 3/1 1942, and that I last saw h.. alive on 3/1 1942.

Immediate cause of death Pulmonary Embolism — Duration 4 hrs.

Due to Laceration & Hemorrhage of Rectal abscess — 2 wks

Due to Multiple Sinuses.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2/24/42
Major findings of operation: Rectal abscess.
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Jackson M.D.
Address 608 N Arlington Ave Signed 3/2/42

correct age is especially important. Physicians: please write the cause of death plainly.

F 89699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Dolphin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALEXANDER WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 3, 1863

8. AGE: Years 78 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace: Prince George Co. (Town, county, and state)

10. Usual Occupation: Barber

11. Industry or business

FATHER 12. Name: Alexander Williams

13. Birthplace: Md

MOTHER 14. Maiden Name: Charlotte Brooks

15. Birthplace: Md.

16 (a) Informant: Mrs. Annie Williams

(b) Address: 518 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)

(c) Cemetery or crematory: Laurel Cem

Location: Baltimore Md

18 (a) Funeral director: Mrs Frances A Hemsley

(b) Address: MAR 5 1942 Biddle St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 2-24-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

F 89700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89700 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Alameda Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUIS E. GERSTMYER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Helen M. Gerstmyer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Apr. 10, 1875
8. AGE: Years 66 Months 10 Days 21 15 If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Food Inspector
11. Industry or business: City of Baltimore

FATHER
12. Name: John Gerstmyer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret (Unknown)
15. Birthplace: Germany

16 (a) Informant: Helen M. Gerstmyer
(b) Address: 2704 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: William Cook
(b) Address: 1327 E. Paul St.

19 (a) MAR - 3 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1942 at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 1 1942 and that I last saw h[illegible] alive on Feb 27 1942

Immediate cause of death: Coronary Occlusion
Duration: 2/1/42
Due to: Uremia - 5 days
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature: Louis F. Krumeich M. D.
Address 722 N. Gilmore St. Date signed March 1/42

correct age is especially important. Physicians, please write plainly.

V8 3

* Was treating his wife for Cold -

F 89701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2025 Maryland Ave
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Rust

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Rust
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1865

8. AGE: Years	Months	Days	If less than one day
76	6	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Peter Bayley
13. Birthplace Ireland
MOTHER 14. Maiden Name Mary McDermott
15. Birthplace Ireland

16 (a) Informant Angela Lohmeyer
(b) Address 2801 Montebello Terr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilhorn Co
(b) Address 1219 Hollins St

MAR 3 - 1942 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1942 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1942 to March 1 1942 and that I last saw her alive on March 1 1942

Immediate cause of death Pneumonia Lobar Right — Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Johnson M. D.
Address 403 Medical Arts Bldg Date signed 3-3-42

correct age is especially important. Physicians: please write the

VS 1

F 89702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1180

F 89702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 435 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Griffo

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 23rd 1917

8. AGE: Years	Months	Days	If less than one day
24	11	9	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business City of Balto.

FATHER
12. Name Louis Griffo
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Lydia Sander
15. Birthplace Balto Md

16 (a) Informant Miss Lydia Griffo
(b) Address 4804 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) MAR - 3 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 12 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to ~~his~~ death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Burns — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/1/42 at 11 00 M
(c) Where did injury occur? 435 E. North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Flame alcohol

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/2/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

F 89703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 89703 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not use ditto marks. Be sure to answer every question. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Please see that your answers are complete and correct. Physicians: please write the causes of death clearly and legibly. Accurate and complete information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 N Calvert St. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Walter D. Proctor

3 (b) If veteran, name war —

3 (c) Social Security Account No. 1184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sally J Proctor
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 5 1869

8. AGE: Years	Months	Days	If less than one day
72	11	364	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Corbin Lee Proctor
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie Rafferson
15. Birthplace Virginia

16 (a) Informant Mrs George Holdsworth (daughter)
(b) Address 432 E Roland Ave Apt 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto Co. Md.

18 (a) Funeral director McHenry Cook
(b) Address 3 1942 Hilton & Franklin Sts, Md.

19 (a) MAR (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to March 1 1942, and that I last saw him alive on March 1 1942.

Immediate cause of death	Duration
Chronic Congestive Heart Failure	21 days
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Fuller Jr. M. D.
Address Church Home + Infirmary Date signed 8-1-42

VS 8

F 89704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2407 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Brooke

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John C. Brooke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11th ~~1867~~ 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76 75	1	17		

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James McKannan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Bowers
15. Birthplace Ireland

16 (a) Informant Ann D. McKannan
(b) Address 1717 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director Williams & Cook
(b) Address 1217 St. Paul St

MAR 3 1942 Huntington Williams, M.D.
(Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28th 1942 at 4.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to Feb 28 1942 and that I last saw h[illegible] alive on Feb 28 1942

Immediate cause of death	Duration
Cardiac thrombosis	Cark
Due to Senile myocarditis	2 mo.
Due to Arteriosclerosis	4 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Hayden M.D.
Address 1 Park Ave Date signed 3/2/42

correct age is especially important. Physicians: please write the

VS 3

F 89705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √107

F 89705

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the answer to each question is complete. Do not omit any item if you know the answer. If there is no entry, write "None" or "Unknown" as the case may be. Please see that your certificate is correct and complete. Do not write in the space below.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Paca St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rita Johns (Birth F 35452) √

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9 — 1941.

8. AGE: Years | Months 5 6 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Irvin Johns

13. Birthplace Md

MOTHER 14. Maiden Name Anna May Lewis

15. Birthplace Md

16 (a) Informant Irvin Johns

(b) Address 916 Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 3 - 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director Milligan & Jackson

(b) Address 916 Pennsylvania Ave

19 MAR 3 - 1942 (Date rec'd by registrar) (b) Huntington Md (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 19 42 at 6 15 X M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 19 42 to Mar 2 19 42 and that I last saw h[illegible] alive on Mar 2 19 42.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W M Strayer M. D.

Address Univ. Hosp Date signed 3/2/42

VS 8

F 89706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 89706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 85 da
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Robinson (Hudson) 70324

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	married, sep.

6 (b) Name of husband or wife Lawrence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1924

8. AGE: Years	Months	Days	If less than one day
18	1	18	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Moses Hudson
13. Birthplace ?

MOTHER
14. Maiden Name Rosa Jones
15. Birthplace Ga.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 5 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Mem Pk Co
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (Date received by registrar) MAR 3 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1942, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1941 to Feb 27 1942, and that I last saw her alive on Feb. 27 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-27-42

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

F 89707

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH

F 89707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Son. King

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 16/1891

8. AGE: Years 50 | Months 10 | Days 17 | If less than one day: hr. min.

9. Birthplace Ga (State, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John King
13. Birthplace Ga

MOTHER
14. Maiden Name Mary P.
15. Birthplace Ga

16 (a) Informant Ella King
(b) Address 1115 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 3 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Md. C.

18 (a) Funeral director Raynor Sanders
(b) Address 1412 E Preston St

19 (a) (b) Registrar

MAR 3 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1940 to March 2 1942 and that I last saw h alive on March 1942.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Cerebral Hemorrhage — 18 mos
Due to:
Other Conditions: Arteriosclerosis — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. K. Adams M. D.
Address 1222 N. Carrolton Date signed 3-2-42

*Information as to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 89708
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. If unknown, or not applicable, write the word. Do not use ditto marks. Be sure to answer each question. Be sure to give the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street address 3510 SPALDING AVE. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PATRICIA ANN KING

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/9/39

8. AGE: Years	Months	Days	If less than one day
2	11	24	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John J King
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name Rose A Mooney
15. Birthplace BALTYMORE

16 (a) Informant John W. King
(b) Address 3510 Spaulding Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location 1300 Moreland
18 (a) Funeral director John J. Conway & Son
(b) Address 981 Hoking St
19 (a) MAR 3 — 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2/ 19 42; at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/ 19 42 to 3/2/ 19 42 and that I last saw her alive on 3/2 19 42

Immediate cause of death
Generalized Peritonitis
Due to
Perforated
Due to Appendix
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3/1/42
Major findings of operation Gangrenous Appendix & peritonitis
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Lawrence Kilbourne M.D.
Address Mercy Hosp Date signed 3/3/42

VS 3

F 89709

F 89709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Do not use pencil. Do not abbreviate. Give full name of street or number, and name of city or town. Fill in all blanks for which there is information. If there is no information, write NONE. If date of birth is unknown, state approximate age. If deceased was married, widowed, or divorced, give name of husband or wife. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James H. Bell JAMES HENRY BELL

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 213-10-6757

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Marie Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1898

8. AGE: Years 43 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Charlottetown Prince Edward Island (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Bethelehem Fairfield Co.

FATHER
12. Name John Bell
13. Birthplace Prince Edward Island

MOTHER
14. Maiden Name Mary Kerwick
15. Birthplace Prince Edward Island

16 (a) Informant Mrs. Ruth Marie Bell
(b) Address 2102 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Friendship Methodist
Location Friendship Maryland

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves.

19 (a) MAR 3 - 1942 (When the body registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2 1942, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1942 to 3/2 1942, and that I last saw him alive on 3/2 1942.

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

Duration: 8 days

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. V. Dompaker
Address: St Joseph's Hospital Date signed 3/2/42

VS 3

F 89710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

F 89710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Elgin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Elgin Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. J. Irving Bealmear

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	White	Married

6 (b) Name of husband or wife Norma Bealmear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1874

8. AGE: Years	Months	Days	If less than one day
67	4	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Real estate Operator
11. Industry or business

FATHER
12. Name James A. Bealmear
13. Birthplace

MOTHER
14. Maiden Name Mary J. Robinson
15. Birthplace Chambersburg, Pa.

16 (a) Informant Mrs. Bealmear
(b) Address 3410 Elgin Ave. —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pa.

19 (a) MAR 3 - 1942 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to March 2 1942, and that I last saw him alive on March 1 1942.

Immediate cause of death: Diabetic coma — Duration: 1 day
Due to: Diabetes — 2 yrs.
Due to:
Other Conditions: Arteriosclerosis + hypertension — 2
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Tribbett M. D.
Address 220 Harrison Blvd Date signed March 2/42

correct age is especially important. Physicians: please write plainly and use ink.

F 89711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133

F 89711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2312 Aiken St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 2312 Aiken St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Richardson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 6th 1866
8. AGE: Years 76 | Months 11 | Days 22 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Ebersole
13. Birthplace Md

MOTHER
14. Maiden Name Cassandra Shaw
15. Birthplace Md.

16 (a) Informant Chas. Richardson
(b) Address 2312 Aiken St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3rd 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edgewood Ave
18 (a) Funeral director Leo B. Cook
(b) Address 1201 Pratt Park Ave
19 (a) MAR 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1942 at 9:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26-1941, to 2-28-1942 and that I last saw h[illegible] alive on 2-28-1942

Immediate cause of death: (a) Cystonephrosis — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Aylett M. D.
Address 7802 Harford Rd Date signed 3-2-42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of cause of death must be consistent and correct age is especially important.

VS 3

F 89712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a F 89712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1764 Gorsuch Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1764 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Tragesser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife John Tragesser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. - 27 - 1854

8. AGE: Years	Months	Days	If less than one day
87	3	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Rennor
13. Birthplace Germany

MOTHER
14. Maiden Name Helen Kleiderlein
15. Birthplace Germany

16 (a) Informant John Tragesser
(b) Address 1406 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 5 - 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Henry Hauck & Sons Inc.
(b) Address 7301 E. Eager St.

19 MAR 3 - 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942, at 8:05 A.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20-1942 to 2-1-1942 and that I last saw her alive on 2-26-1942.

Immediate cause of death: Arteriosclerotic cardio-renal disease — Duration: Unknown
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Dyer M. D.
Address 2807 Harford Rd. Date signed 3-2-42

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 3

F 89713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 89713

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Where any question does not apply, write "None" so that no space will be left blank. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3328 Federal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Federal Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. M. Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife John J Kennedy
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) Jan 7 1866

8. AGE: Years	Months	Days	If less than one day
76	1	25	hr. min.

9. Birthplace Balt Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Michael O'Donnell
FATHER 13. Birthplace	Ireland
MOTHER 14. Maiden Name	Mary Hayes
MOTHER 15. Birthplace	Ireland

16 (a) Informant Helen J Kennedy
(b) Address 3328 Federal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A Starling
(b) Address Fulton Ave & Fayette

19 (a) MAR 3 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1942, at 3 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to Mar 2 1942 and that I last saw h. alive on 3/2 1942.

Immediate cause of death

Coronary occlusion — Duration 1 mon

Due to

Due to arteriosclerosis — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2070 Wilkens Date signed 3/3/42

ave

F 89714
MA 26330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 89714
Registered No.

Physicians: please write the causes of death clearly and legibly. Accurate information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Canal Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

12-1

3 (a) FULL NAME Emma Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Edward Thomas (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1893

8. AGE: Years	Months	Days	If less than one day
50 49			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jerry Austin
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Lanvale & Henry

18 (a) Funeral director Robt. Chas. Hatton
(b) Address 2 E. Biddle St. Balto.

19 (a) MAR 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 2-28 1943 and that I last saw h alive on 2-28 1943.

Immediate cause of death Arteriosclerosis, generalized — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Co about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt
Address 6 Balto. City Hosp. Date signed 3-2-43 M.D.

VS 3

F 89715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 89715

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, whether married, widow or widower, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 31st. & St. Paul St.
(c) Hospital or institution: (at home) Hopkins Apartment
(d) Length of stay in hospital or inst. (yrs., mos., or days): 0
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore City
(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No.: 31st. & St. Paul Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: Edith May Albaugh

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept-9-1873

8. AGE: Years: 68 | Months: 5 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Baltimore-Maryland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business:

FATHER
12. Name: George A. Albaugh
13. Birthplace: Baltimore-Maryland

MOTHER
14. Maiden Name: Rose Linthicum
15. Birthplace: Baltimore-Maryland

16 (a) Informant: Mrs. Mabel A. Dunn (sister)
(b) Address: Hopkins Apts., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar-3-1942. (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Frederick Ave., City.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) MAR 3 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Feb 28 1942 and that I last saw h[illegible] alive on Feb 28 1942.

Immediate cause of death: Coronary Occlusion — Duration: immediate
Due to: angina Pectoris — Duration: 6-8 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: G Estelle Ewell
Address: 3945 St Paul St Date signed: 3/7/42 M. D.

F 89716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89716 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 Beason
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1300 Beason St (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

24-1

3 (a) FULL NAME Godfried Sauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Anna Sauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1859

8. AGE: Years	Months	Days	If less than one day
83		25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

MOTHER / FATHER
12. Name Don't Know
13. Birthplace "
14. Maiden Name Don't Know
15. Birthplace "

16 (a) Informant William Sauer
(b) Address Glendale Md

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 4 /42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

19 MAR 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 19 6.30pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1942 to Mar 1 1942 and that I last saw him alive on Mar 1 1942

Immediate cause of death Cerebral Hemorrhage — Duration 4 day
Due to Arteriosclerosis
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 22 E Chase St Date signed 3/2/42

VS 3

F 89717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89717 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 E Baltimore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Charles Borgerding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katharine Borgerding
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan 17 1861

8. AGE: Years	Months	Days	If less than one day
81	1	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Borgerding
13. Birthplace Maryland

MOTHER
14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant Mrs Leroy Gennett
(b) Address 335 S. Elwood Ave Balt. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2466 Orleans St

19 (a) MAR 3 - 1942 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 2 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 2 1942, and that I last saw him alive on March 2 1942.

Immediate cause of death Coronary Thrombosis — Duration 5 days
Due to Arteriosclerosis Generalized
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Culler Jr M. D.
Address Church Home & Infirmary Date signed 3-3-42

VS 3

F 89718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C Registered No. F 89718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11m 4d
(e) Length of stay in Baltimore (yrs., mos., or days) 2yr 11mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Sargeant St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Brumble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-39

8. AGE: Years	Months	Days	If less than one day
2	11	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Richard Arthur Brumble
13. Birthplace ?

MOTHER
14. Maiden Name Emma Flaherty.
15. Birthplace Baltimore

16 (a) Informant Grandmother
(b) Address 1212 Sargeant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lawn
Location E. North ave.

18 (a) Funeral director Laurence F. Hoffman
(b) Address 1639 N Broadway

19 MAR 3 - 1942 (Date rec'd by registrar) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1942 at 6 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1942 to 2-28 1942 and that I last saw him alive on 2-28 1942

Immediate cause of death Bronchopneumonia — Tracheo-Bronchitis

Duration 1 day

Due to Streptococcus — Staph.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pneumothorax — Tracheotomy —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sabin M. D.
Address Sydenham Hosp Date signed 3-1-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 89719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

Registered No. F 89719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo19da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo. 19 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1957 4th St., N. W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM EDMONDS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19,1921

8. AGE: Years	Months	Days	If less than one day
20	6	12	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Mess Attendant 2/c
11. Industry or business Discharged from Coast Guard

FATHER
12. Name Gilbert Edmonds
13. Birthplace Charlottesville, Va.

MOTHER
14. Maiden Name Willie Hopkins
15. Birthplace Meridian, Mississippi

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof March 5/42 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat.
Location Arlington Va.
18 (a) Funeral director Ernest Jones
(b) Address 1432 You[illegible] N. W.

19 (a) Date received MAR 9 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1942, at 6:00p M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 11, 1941, to Mar. 1, 1942, and that I last saw him alive on Mar. 1, 1942.

Immediate cause of death Cachexia and Inanition — Duration 6 weeks
Right hydrothorax
Due to Metastasis from nasopharyngeal tumor to lungs, rt. pleura and abdominal lymphnodes — 8 mo.
Due to Transitional cell carcinoma and naso pharynx — 1½ yr.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12/3/41 and 1/16/42
Major findings of operation: Thoracentesis; Radium, insertion of gold radon implant
Findings of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Cannon
Address USMarine Hospital, Baltimore, Maryland. Date signed 3/3/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Answer every question. Be sure that the information given is correct and complete. Do not abbreviate. Write out the full name of the cause of death. Do not use symptoms, but state the disease causing death, or in deaths from violence, the nature of injury. Indicate clearly the manner of death, whether accident, suicide, or homicide. Do not use such terms as "Heart failure," "Asthenia," "Old age," "Senility," "Unknown," or "Cancer" alone. The correct age is especially important.

F 89720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 89720

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 W. Fort Ave. 23-W Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? 51 yrs. ___ mos. ___ ds.

2. FULL NAME Louis C. Janssens

(a) Residence: No. 15 W. Fort Ave. St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Janssens

6. DATE OF BIRTH (month, day, year) 8/27/1858

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
83	6	5 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Louis Janssens

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Mr. C. Janssens
(Address) 15 W. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/4/42 19___

19. UNDERTAKER John J. Fahey and Sons
(Address) 1318 Light Street

20. MAR 3 - 1942 19___ Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1942 to March 2, 1942
I last saw him alive on 3/2, 1942 death is said to have occurred on the date stated above, at 2A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Cardiac Decompensation and Failure	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___
Where did injury occur? ___ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Vincent J. McSweeney M. D.
(Address) 1403 S. Charles St

Information should be carefully supplied. AGE should be given EXACTLY. Particulars must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 89721 ✓ F 89721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 South Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Kliman

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3505

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Kliman
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) July 18, 1911

8. AGE: Years	Months	Days	If less than one day
30	7	15	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Steel plant

FATHER
12. Name Henry Kliman
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Williams
15. Birthplace Pennsylvania

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Md

18 (a) Funeral director Lasadan Funeral Home
(b) 1 Belair Ave.

MAR 5 1942
(Date rec'd by registrar)

19 (a) (b) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2/42 19 , at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17/42 19 to 3/2/42 19 ; and that I last saw him alive on 3/1/42 19 .

Immediate cause of death: Acute myeloid aleukemic leukemia — Duration 4 wk

Due to

Due to

Other Conditions Lobar pneumonia, rt — 2 wks
Otitis media & mastoiditis, rt
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Aleukemic leukemia, Lobar pneumonia, Otitis media & mastoiditis, rt

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Cunningham, M.D.
Address Church Home & Infirmary Date signed 3/3/42

VS 1

F 89722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 89722 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blank. Answer each question. If none, write none. If unknown or approximate, state so. Do not use ditto marks. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Mt Auburn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Mt Auburn Ave (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hark Rottin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Widowed

6 (b) Name of husband or wife Hark Rottin
6 (c) If alive, give present age years

7. Birth date of deceased (mo., day, and yr.) Dec 12, 1857

8. AGE: Years	Months	Days	If less than one day
84	11	14	hr. min.

9. Birthplace Summerville, Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Rosa Payne
(b) Address 1908 Mt Auburn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. B. Nelson
(b) Address 1303 Pennsylvania Ave

19 (Date received by reg.) MAR 3 - 1942 Registrar Huntington Wilkes, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/28/42 19 42 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 42 to 2/28/42 and that I last saw h alive on 2/23/42.

Immediate cause of death: Bronchopneumonia — Duration —
Due to Organic heart disease — —
Due to Senility — —
Other Conditions contributing: — —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Cullen M. D.
Address 5 W Mt Royal Ave Date signed 3/2/42

VS 3

F 89723 ✓ F 89723

SS 15920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS (Dept 3-2-42)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (3-2-42)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Lins (Lens)

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1862

8. AGE: Years	Months	Days	If less than one day
79	5	18	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Prussia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] Medical School MAR 3 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR - 3 1942 (Date rec'd by Registrar) H. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21 1942, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1942 to 2/20 1942, and that I last saw him alive on 2/20 1942.

Immediate cause of death — Duration
Bronchopneumonia — 2-3 days
Cardiac Failure — ?
Due to Hypertension & Dyspepsia — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Graham M. D.
Address Baltimore City Hospitals Date signed 3/3/42

VS 3

7088

F 89724
MA 62089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George V. Brady
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1891

8. AGE: Years	Months	Days	If less than one day
50	5	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Kissner
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Kasper
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] MAR 3 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 3 1942 Huntington Williams M.D.
(Registrar's signature) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1942, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1940, to Feb. 23 1942, and that I last saw her alive on Feb. 23 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly M. D.
Address Balto. City Hosp. Date signed 2-24-42

VS 8

7087

F 89725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 8 1

F 89725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 29
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Pierce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lester Leroy Chase

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-4820

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Dorothy L. Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-12-1918

8. AGE: Years	Months	Days	If less than one day
23	11	16	hr. min.

9. Birthplace Trenton - N.J. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Levi Chase
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Vida Tinsley
15. Birthplace Fairfax Co. Va.

16 (a) Informant Dorothy Chase
(b) Address 826 Pierce St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mr. Kater R. Williams
(b) Address 322 E. Lexington St. Huntingtown Williams, Md.

MAR 3 - 1942 (Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28- 1942 at 12 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Shock
Due to 2nd. degree burns involving 70 % of skin area
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/a
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-27-42 at 11.30 A M
(c) Where did injury occur? 1318 Block St. Montford Chem. Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell into hot vat of Caustic Potash

23. Signature Thomas J. Mackin M.D.
Medical Examiner.
Date signed 2-28-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every item. Data as to age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 89726

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or a satisfactory explanation given why it cannot be. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 McElderry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
Street No. 3106 McElderry St. (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Poisal

3 (b) If veteran, name war: *****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wilber Poisal
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 20, 1886

8. AGE: Years	Months	Days	If less than one day
55	8	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Hull
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Esson
15. Birthplace Penna.

16 (a) Informant Wilber Poisal
(b) Address 3106 McElderry St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Md.

18 (a) Funeral director John A. Hoban
(b) Address 3000 E. Baltimore St.

19 Filed MAR 3 - 1942 (b) Registered by [illegible] Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to Feb 28 1942, and that I last saw her alive on Feb 28 1942

Immediate cause of death	Duration
Acute Cardio-vascular failure	2 hrs.
Due to hypertension	2 yrs.
Due to Chronic interstitial nephritis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred C. DeSanto
Address 232 S. Caulbing St Date signed 3/2/42

F 89727

BALTIMORE CITY HEALTH DEPARTMENT

JN 72005 CERTIFICATE OF DEATH 30-D

F 89727 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where exact information is not known, approximate date, or best estimate should be given. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 861 Lemmon St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME BUTLER Sadie Boozmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1898

8. AGE: Years	Months	Days	If less than one day
43	2	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Vece Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Linsay
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Blvd.

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Schroeder St Huntington Pittsburgh, Pa.

19 (a) MAR 2 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1942 to 2-27 1942 and that I last saw her alive on 2-27 1942

Immediate cause of death: Coronary occlusion — Duration 30 min.
Due to: Syphilitic aortitis — ?
Due to: Aortic insufficiency — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-27-42

VS 1

F 89728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89728 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Preston Ave Maryland & [illegible]
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M O
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 E. Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Sadie M. Banks

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6053

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1877

8. AGE: Years	Months	Days	If less than one day
64	8	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Seamtress
11. Industry or business Laundry

FATHER
12. Name Henry P. Banks,
13. Birthplace Centerville Md.

MOTHER
14. Maiden Name Hannah M. Taylor,
15. Birthplace Md.

16 (a) Informant George C. Philpot,
(b) Address 1509 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 MAR 3 - 1942 (Date rec'd by registrar) (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 at 11-37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-42 19 to 3-1-42 19 and that I last saw her alive on 3-1-42 19

Immediate cause of death: Carcinoma of Stomach & Metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ca Stomach Metastasis

of autopsy: Accepted.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Philpot Jr M.D.
Address [illegible] Date signed 3/1/42

VS 2

F 89729 ✓ F 89729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information must be given for every item. Information must be complete and correct as of the time of death. Data for medical items must be certified by attending physician or coroner. Underlining of words is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 N 36 St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N 36 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary M Fite

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Irving Fite

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13 - 1903

8. AGE: Years 36 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Thurmont Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Harry C Creager
13. Birthplace Md

MOTHER
14. Maiden Name Ida Martin
15. Birthplace Md

16 (a) Informant Irving Fite
(b) Address 818 N 36 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 5 - 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

19 (a) MAR 3 - 1942 (Date filed by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 2 1942, at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941, to March 2 1942, and that I last saw her alive on March 2nd 1942

Immediate cause of death Hypostatic Pneumonia Confluent Bronchial Disease. — Duration ?

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Laurence J Clemmenson M. D.
Address 5711 Falls Rd Date signed 3-3-42

VS 2

F 89730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-41

F 89730 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 N. Monroe St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME TEENIE MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Rev. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/69

8. AGE: Years	Months	Days	If less than one day
72	11	15	hr. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Home mfr

11. Industry or business ✓

FATHER 12. Name	Eby Kerney
FATHER 13. Birthplace	Frederick Md
MOTHER 14. Maiden Name	Teeny Zeffonia Cain
MOTHER 15. Birthplace	Frederick Md

16 (a) Informant Mrs Minnie Miller

(b) Address 17 W. N. Monroe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral Director Walter Brooks Bagley

(b) Address 19 W. N. Parkwood

19 (a) (Date received) MAR 3 (b) Huntington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide	
Due to mental derangement	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-2-42 at 0 M
(c) Where did injury occur? Alma Alberta (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Inhalation gas range

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 3-3-42

F 89731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B

F 89731 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mo 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs About 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 N. Bond St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Katherine Michalski

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-01-2241

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~Michalski~~ Carl William Michalski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29 1877

8. AGE: Years	Months	Days	If less than one day
65	1	3	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Archbishop's

MOTHER / FATHER
12. Name Cornelius Shea
13. Birthplace Ireland

MOTHER
14. Maiden Name Fogarty
15. Birthplace Ireland

16 (a) Informant Mollie Raven
(b) Address 314 Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 42 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Edmondson Ave

18 (a) Funeral director Walter Brooks Bagley
(b) Address 1917 W. North Ave

19 (a) Date received MAR 3 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 3.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1941 to Mar 2 1942 and that I last saw her alive on Mar 2 1942

Immediate cause of death Cardiac failure — Duration 6 hrs

Due to Infirmity, debility

Due to

Other Conditions Carcinoma at right breast — 2 months
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer, M. D.
Address 506 E. North Ave Date signed 3-3-42

F 89732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89732 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 28
(e) Length of stay in Baltimore (yrs., mos., or days) 5 - 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
St. No. 2402 Lake Ave (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph L. Ruth

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Marie Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-1888

8. AGE: Years	Months	Days	If less than one day
53	5	4	hr. min.

9. Birthplace Alto Md (Town, county, and state)
10. Usual Occupation Realtor
11. Industry or business

FATHER
12. Name John P Ruth
13. Birthplace Md

MOTHER
14. Maiden Name Magdalie Schaub
15. Birthplace Md

16 (a) Informant Marie L. Ruth
(b) Address 2402 Lake Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Edmondson Ave

18 (a) Funeral director Leonard J Roth
(b) Address 5305 Harford Rd

19 (a) [illegible] Huntington Williams, Registrar
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/2 1942, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1942 to 3/1 1942, and that I last saw h[illegible] alive on 3/2 1942.

Immediate cause of death Heart Failure
Due to Hypertension
Cardio-vas Dis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

Duration: 5 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. O. Tompakov
Address St Joseph's Hospital Date signed 3/3/42

89733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B F 89733 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Pearl St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Catherine Vinci

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~ Joseph Vinci
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 15 1885

8. AGE: Years 56 | Months 9 8 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Modica Italy (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Stevin ~~Bellagrino~~ Columbus
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Pellagrino
15. Birthplace Italy

16 (a) Informant Julia Vinci
(b) Address ~~713~~ W. Fayette St.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Wendell Chapel
(b) Address 312 S. Highland Ave.

19 MAR 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 - 1942, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 21 1942 to March 1 - 1942 and that I last saw her alive on Feb 27 - 1942.

Immediate cause of death: Dilatation of Heart — Duration: 10 days

Due to: Influenza & Pneumonia — 1 month

Due to: ____ — over

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M.D.
Address 2532 Edmondson Ave Date signed 3-1-42

89734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F Registered No. 89734

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caraline and Oliver S t.
(c) Hospital or institution: St. Joseph s Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Morgan College (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH CAVANNA

3 (b) If veteran, name war: no.
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1886

8. AGE: Years 55 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business Self

FATHER
12. Name Raymond Joseph Cavanna
13. Birthplace New Jersey

MOTHER
14. Maiden Name Margt. Cafmia
15. Birthplace Italy

16 (a) Informant David Rossi.
(b) Address Morgan College

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery or crematory St Lucents'
Location Clifton Park

18 (a) Funeral director Randall Hoppel
(b) Address 312 E. Highland Ave.

MAR 3 1942 (Date rec'd by local registrar) (b) Huntingtown Millersville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1942 to March 1 1942, and that I last saw him alive on March 1 1942.

Immediate cause of death: Peritonitis
Post-operative shock
Due to Perforated Gastric Ulcer — Duration: 20 days
Due to
Other Conditions Fibroid Pulmonary Tuberculosis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Perforated gastric ulcer. Adhesions
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stan Clemens M. D.
Address St. Joseph Hosp Date signed 3-4-42

89735 1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-D F 89735
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 340 S. Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 S. Smallwood St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Hauenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
82	Wht	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 - 1860

8. AGE: Years	Months	Days	If less than one day
82	5	33	hr. min.

9. Birthplace Germany (City, county, and state)
10. Usual Occupation Retired, Night Watchman
11. Industry or business Bank

FATHER
12. Name Hauenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John Hauenstein, Jr.
(b) Address 340 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Pulaski Hwy. Huntington Williams, MD

MAR 3 - 1942 (Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1942 at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1942 to Mar. 1 1942 and that I last saw h alive on Mar. 1 1942.

	Duration
Immediate cause of death: Hypostatic Pneumonia	1 day
Due to: Left Hemiplegia	10 dy
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kahn
Address 707 Druid Pl Date signed 3/3/42

VS 8

89736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-aF 89736 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo8da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo8da

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County
(c) City or town D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Mass. Ave., N.W. Apt. 4.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN M. MORIN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor Hickey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 18, 1868

8. AGE: Years 73 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace: Philadelphia, Pennsylvania (Town, county, and state)

10. Usual Occupation: Member of Employees'

11. Industry or business: Compensation Commission

FATHER
12. Name: Martin Morin
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Rose Joyce
15. Birthplace: Ireland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3-1942 (month) (day) (year)
(c) Cemetery or crematory: Pittsburg
Location: Pennsylvania

18 (a) Funeral director: George L. Schwab
(b) Address: 2101 Frederick Ave.

19 (a) MAR 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1942, at 3:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1942, to Mar. 3, 1942, and that I last saw him alive on Mar. 3, 1942

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: Coronary arteriosclerosis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 1/30/42

Major findings of operation: Prostatectomy, suprapubic; vasectomy, bilateral

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 3/3/42 M. D.

VS 3

89737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 89737

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1609 N. Castle St. 9-ka Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charlotte Lee Supitt — If U. S. Veteran specify WAR _____

(a) Residence: No. 1609 N. Castle St., _____ Ward. (Born F 47738)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 2nd 1942

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
				13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Thomas Supitt

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Edith Mitchell

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Wm. Mitchell
(Address) 1609 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Cemetery Date 3/4 1942

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. MAR 3 — 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2nd 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1942 to Mar. 2, 1942

I last saw her alive on Mar. 2, 1942. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Fetal atelectasis (pulmonary)	
Other contributory causes of importance:	
premature birth	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Jules Gilford M. D.

(Address) 1480 W. Baltimore St.

V 2

Information should be carefully supplied. AGE should be given EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 89738

411034.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 89738

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert E. Mopsikov

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-03

8. AGE: Years 39 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Jacob I. Mopsikov
13. Birthplace Russia

MOTHER
14. Maiden Name Bindie Ravenstein
15. Birthplace Germany.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4th 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1134-36 W. North ave

19 (a) MAR 4 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1942 to March 2 1942, and that I last saw him alive on March 2 1942

Immediate cause of death: Carcinoma Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb. 20, 1942

Major findings of operation: Carc. Stomach

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard M. Borrell M. D.
Address Johns Hopkins Hospital Signed

VS 2

F 89739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 89739 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 342 W. Biddle
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give county)
(d) Street No. 342 W. Biddle (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Baylor
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	Colored	married	John H. Baylor	years

7. Birth date of deceased (mo., day, yr.) March 12, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	19	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Addison Carter
13. Birthplace King William County, Va.

MOTHER
14. Maiden Name Mary Jane Scott
15. Birthplace Va

16 (a) Informant John H. Baylor
(b) Address 342 W. Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-42 (month) (day) (year)
(c) Cemetery or crematory
Location Lester Manor, Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Informant's signature) Undertaker for Williamsburg, Md.

MAY 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/42 19 A.M. P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from 4/29/42 19 , and that I last saw h[illegible] alive on 5/1/42 19 . Death is due to the conditions and causes of death stated below.

Cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Other Conditions 1 month	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Dodd Cane
Address 11 S. Harlem Ave. Date signed 5/7/42

F 89740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89740

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hospital
(c) Hospital or institution Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3417 Rockwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Rose Cohen.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Simeon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Jerusalem (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name Vrij Cohen
13. Birthplace Jerusalem

MOTHER
14. Maiden Name Minnie
15. Birthplace Jerusalem

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt Rd & Hamilton Ave

18 (a) Funeral director Jacob Lenzberg
(b) Address 1429 E. Balto St.

19 MAR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1942, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942, to Mar 3 1942, and that I last saw her alive on Mar 3 1942.

Immediate cause of death	Duration
Uremia	9 wks
Due to Hypertensive Cardio-vascular Renal	12 yrs
Due to Essential Hypertension	
Other Conditions Pneumonia, bronchial	2 days +

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Kolen M.D.
Address Sinai Hosp. Date signed 3/7/42

VS 8

F 89741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-P

F 89741 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Jamison Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA KITCHEN COLLINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Howard Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Old age Pensioner

11. Industry or business

FATHER 12. Name William Hitchens

13. Birthplace Va

MOTHER 14. Maiden Name Ellen Conaway

15. Birthplace Md.

16 (a) Informant Annie D. Locke Dau

(b) Address 1362 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)

(c) Cemetery or crematory Laurel Cem.

Location Balto. Md.

18 (a) Funeral director Joseph E. Locke Jr

(b) Address 1322 N. Central Ave

19 (a) MAR 4 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942; at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease. — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.

Date signed 3-1-42

VS 6

410885 F 89742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 D F 89742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1144 Low St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Tubman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/01

8. AGE: Years 40 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Moses Tubman
13. Birthplace ?

MOTHER
14. Maiden Name Madeline Burke
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 3 5 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942 at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1942 to Feb. 28 1942 and that I last saw her alive on Feb 28 1942

Immediate cause of death Pulmonary embolism.

Due to

Due to

Other Conditions Myomata uteri.

(Include pregnancy within 3 months of death)

Date of operation 2-6-42

Major findings of operation Myomata uteri

of autopsy Pulmonary embolism

Duration: 2 yrs?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. H. Richardson Jr.
Address Johns Hopkins Hosp. Date signed 2-28-42

VS 1

F 89743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MC(72085) 30-C

F 89743 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Thompson street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Sep.

6 (b) Name of husband or wife Ollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1899

8. AGE: Years	Months	Days	If less than one day
42	8	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph A. Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Chase (d)
15. Birthplace Maryland

16 (a) Informant B.V.H. records
(b) Address 4940 eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 5 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Brooklyn Md. & Balto. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1942, at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 2-28 1942.
and that I last saw her alive on 2-28 1942

Immediate cause of death: Anesthetic Death (Final Cause)

Duration: Minutes

Due to

Due to

Other Conditions: Infected Stomach & Kidney Trouble? (Include pregnancy within 3 months of death)

Date of operation 2-28-42

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Pollock M. D.
Address Balto City Hosp Date signed 3-1-42

F 89744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-W

F 89744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 Rosedale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 Rosedale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary B. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	widowed

6 (b) Name of husband or wife Richard T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1865

8. AGE: Years	Months	Days	If less than one day
76	3	4	hr. min.

9. Birthplace Talbot County, Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Jeremiah B. Leonard
13. Birthplace Maryland

MOTHER
14. Maiden Name Racheal Cummings
15. Birthplace Maryland

16 (a) Informant Mrs. R. Taylor
(b) Address 2323 Rosedale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Ave.

18 (a) Funeral director William M. Barnes
(b) Address 715 Light Street

19 MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Mar. 2, 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942 to Mar 2nd 1942 and that I last saw h[illegible] alive on mar 2nd 1942

Immediate cause of death Coronary Sclerosis — Duration

Due to Generalized Arteriosclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Boyle
Address 3045 W. Mount St. Date signed 3/4/42

VS 3

MA 71866 F 89745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 89745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~ 524
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. High Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michol Vinton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1857

8. AGE: Years	Months	Days	If less than one day
85 yrs	4	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Robert D. Vinton
13. Birthplace —

MOTHER 14. Maiden Name Margaret Foreman
15. Birthplace —

16 (a) Informant B. C. H. records (welfare)
(b) Address City Welfare Dept

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Edmondson Ave

18 (a) Funeral director John M Weber
(b) Address 461 S. Chester St

19 (a) MAR 4 - 1942 (Registered by registrar) Huntington Williams Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-23 1942 at 7 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1942 to 2-23 1942, and that I last saw him alive on 2-23 1942

Immediate cause of death	Duration 2 days
Bronchopneumonia	
Due to Arterial thrombosis	7 days
Due to Int. arteriosclerosis	7.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp Date signed 3-3-42

VS 3

F 89746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 89746 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Devonshire Drive.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Devonshire Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife John D. Brown. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1869

8. AGE: Years 73 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Bath Portland, Maine. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None.

FATHER
12. Name Geo. J. Yates.
13. Birthplace Gardiner. Maine

MOTHER
14. Maiden Name Annetta Hewett
15. Birthplace Gorham, Maine

16 (a) Informant Karl J. Roloff.
(b) Address 3510 Devonshire Drive

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Arlington, Mass.

18 (a) Funeral director Horace Bryan.
(b) Address 5005 Pk. Heights Ave.

19 MAR 4 — 1942 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 19 42, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 19 42, to 3/3 19 42, and that I last saw her alive on 3/3 19 42.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 1 day

Due to: Carcinoma of Uterus & general Metastasis — Duration: Nov. 1941

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Practicing M.D.
Address 2320 Eutaw Pl Date signed 3/4/42

F 89747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89747

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2431 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 3 years

13

3 (a) FULL NAME OTTO HECHT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsa Hecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1881

8. AGE: Years	Months	Days	If less than one day
61	0	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Collector - Collectors
11. Industry or business

FATHER
12. Name Emil Hecht
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Nohatt
15. Birthplace Germany.

16 (a) Informant Mr. H. Berney
(b) Address Arlington Pk. Cem.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/4/42. (month) (day) (year)
(c) ~~Cemetery~~ or crematory Fort Lincoln Cemetery
Location Brentwood, Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 2431 Eutaw Place

19 (a) MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1942, to March 2, 1942 and that I last saw him alive on March 2, 1942

Immediate cause of death	Duration
Ruptured tympanic filum due to Cerebral embolism	
Due to Myocardial infarction	
Due to Arteriosclerosis & V.D.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Gurle, M.D. Address Sinai Hospital Date signed March 2, 1942

VS 3

F 89748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-C

F 89748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Eastern av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barnna Crandotis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1935

8. AGE: Years 6 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER 12. Name Christos Crandotis
13. Birthplace Greece

MOTHER 14. Maiden Name Mihalina ?
15. Birthplace Greece

16 (a) Informant Mr. Christos Crandotis
(b) Address 3302 Eastern Av

17 (a) Burnie (Burial, cremation, or removal) (b) Date thereof MAR 4 - 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn cem

18 (a) Funeral director Albert W. Deneza
(b) Address 440 E. north Ave

19 (a) MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1942, to March 2 1942, and that I last saw her alive on March 2 1942.

	Duration
Immediate cause of death Cardiac Failure	
Due to Myocardial Insufficiency	
Due to Rheumatic fever	
Other Conditions Pneumonia	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury KRULERITZ

23. Signature K. Burnette Bullard M. D.
Address Sinai Hosp. Date signed 3/3/42

F 89749

F 89749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 S. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S. Caroline St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Huntley

3 (b) If veteran, name war

(c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Huntley (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Goings

13. Birthplace Va

MOTHER 14. Maiden Name Debia Goode

15. Birthplace Va

16 (a) Informant James Huntley

(b) Address 36 S. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Beartley Ave

(c) MAR 4 - 1942 (Date rec'd by registrar) (d) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 2 1942 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 19 to Mar 2 1942 and that I last saw h[illegible] alive on Mar 1 1942

Immediate cause of death

Acute Lobar Pneumonia

Due to —

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: no

Duration: Feb 19 1942

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. P. Allen M. D.
Address 121 Eutaw Pl Date signed 3-4-42

VS 3

F 89750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89750 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 S. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Bond St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGIE STEWART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Stewart.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Florence Wright
(b) Address 20 S. Spring St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 501 Brantley Ave

19 (a) MAR 4 - 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular	
Due to disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Wollenweber M.D.
Medical Examiner.
Date signed 2-28-42

VS 6

M. D. B. 1938-9

F 89751

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89751

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Ashton St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aaron J. Kellman

(a) Residence: No. 2102 Ashton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rica H. Kellman

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years: 64 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Re

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Harris M. Kellman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Vakrown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rica H. Kellman

(Address) 2102 Ashton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Suburban Mem Date: 3/4/42

19. UNDERTAKER: Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED: MAR 4 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1942 to March 3, 1942

I last saw him alive on March 2, 1942 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	Prior
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Alfred Kerman M. D.

(Address) 1934 W Belvedere Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

89752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 49-a

Registered No. 89752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude E. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1876

8. AGE: Years 65 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace St Marys County Md.
(Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name William H. Brown
13. Birthplace St Marys County Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace St Marys County Md.

16 (a) Informant Petronella Young
(b) Address 1737 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery
Location Frederick Road Balto. Md.

18 (a) Funeral director Mrs. P. A. Elliott Daughter
(b) Address 1129 N. Carrollton Ave.

19 (a) MAR 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1942, at 6:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1942 to Mar. 2, 1942 and that I last saw her alive on Feb. 28, 1942.

Immediate cause of death: Pelvic carcinoma — Duration: 6 wks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell M. D.
Address 718 Dolphin St. Date signed 3-4-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Any item not known should be so stated. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89753

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or satisfactory reason given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. N. Bappleton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Meades

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years 31 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Meade
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mamie Myers
15. Birthplace Balto. Md

16 (a) Informant James Meade
(b) Address 105 S. N. Bappleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) MAR 2 1942 Huntington Williams, M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942 at 5.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to Feb 28 1942 and that I last saw h[illegible] alive on Feb 28 1942.

Immediate cause of death: Coronary thrombosis — Duration: 2 days
Due to
Due to: Cerebral Hemorrhage — 2 days
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M.D.
Address Franklin Square Hospital Date signed 2/28/42

VS 5

F 89754 70607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89754 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 79 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Brown 70607

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1925

8. AGE: Years	Months	Days	If less than one day
16	5	20	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Pa.

MOTHER
14. Maiden Name Mamie McClay
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Libraw Ave

19 MAR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1942, at 9:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1941 to Mar. 1 1942, and that I last saw her alive on Mar. 1 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Calhoun, M.D.
Address Balto. City Hosp Date signed 3-2-42

VS 3

F 89755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 89755

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Lorraine Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Strack

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward A. Strack

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 29 1887

8. AGE: Years 54 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Balto City (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Albert A. Abey
FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Emma Butz
MOTHER 15. Birthplace Balto Md

16 (a) Informant Edward A. Strack (Husband)
(b) Address 307 Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1945 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.
Location Balto. Co., Md

18 (a) Funeral director C. Howard Evans
(b) Address 1402-03 E. Chase St.

19 MAR 4 1945 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1945 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1944 to March 3rd 1945, and that I last saw her alive on March 3rd 1945

Immediate cause of death: Acute Dilatation of Heart — Duration: Few Weeks

Due to Valvular Heart Disease — Duration: Many Yrs.

Due to Nephritis Chronic — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry B. Holtzman, M.D.
Address 1043 Eutaw St Date signed March 5 1945

VS 1

F 89756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 89756 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo6da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Homewood Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMIL PLASSIL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	NONE	Male	White	Divorced

6 (b) Name of husband or wife Irene MacAvoy
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) October 27, 1895

8. AGE: Years	Months	Days	If less than one day
46	3 4	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation AERONAUTICAL ENGINEER
11. Industry or business

FATHER
12. Name John Plasill
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Kaplan
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St

19 (a) MAR 4 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1942, at 4:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1942, to Mar. 2, 1942, and that I last saw him alive on March 2, 1942.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Myocardial Infarction	6 wks.
Due to Coronary closure	6 wks.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/3/42

VS 3

F 89757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 89757 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 616 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS MOFFETT

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218-01-7377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29-1902

8. AGE: Years	Months	Days	If less than one day
39	11	3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name William
13. Birthplace Balto My

MOTHER 14. Maiden Name Carrie Koenig
15. Birthplace Balto Md.

16 (a) Informant Harry Lynch
(b) Address 1920 E Pratt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7/42 (month) (day), (year)
(c) Cemetery or crematory St Mathews
Location Belair Rd.

18 (a) Funeral director Tully & Zeiler
Address 483 N Wolfe St.

19 (a) MAR 4 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Asst Medical Examiner.
Date signed 3-3-42

VS 6

F 89758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto Md
(b) Street address — Wilkens & Caton Ave
(c) Hospital or institution: — St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 1st day
(e) Length of stay in Baltimore (yrs., mos., or days) — 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County — Balto
(c) City or town — Balto LOCHEARN (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3708 Sylvan Dr. (If rural state location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3 (a) FULL NAME — Hazel Elizabeth Pyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife — Zeno Pyle
6 (c) If alive, give age — 43 years

7. Birth date of deceased (mo., day, yr.) — Oct 7 1898

8. AGE: Years	Months	Days	If less than one day
43	5	26	hr. min.

9. Birthplace — Marshall Co. W Va (Town, county, and state)
10. Usual Occupation — Housework
11. Industry or business

FATHER
12. Name — James R. Miner
13. Birthplace — Marshall Co W Va

MOTHER
14. Maiden Name — Emma E Underwood
15. Birthplace — Bellingham N. Y.

16 (a) Informant — Mother
(b) Address — Fairmount W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — Mar 6 1942 (month) (day) (year)
(c) Cemetery or crematory — Odd Fellows Cem
Location — Fairmont W. Va

18 (a) Funeral director — Harry H. Linnascot
(b) Address — 420 Ridgewood Ave

19 MAR 4 - 1942 (Date rec'd by registrar) — Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — 3/3 1942, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942, to March 3 1942, and that I last saw h alive on 2/3 1942.

Immediate cause of death — Acute cardiac dilatation — Duration

Due to — Lymphatic Leukaemia ? —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature — [illegible] Polonick M. D.
Address — 420 Liberty Ste Date signed 3/3/42

VS 3

M. D. F 1268-b

F 89759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89759

CERTIFICATE OF DEATH

30-6

1. PLACE OF DEATH 1200 James St

CITY OF BALTIMORE: (No. ..... St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles W. Silbergahn

(a) Residence: No. 1200 James St., Ward. 21 St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stissey

6. DATE OF BIRTH (month, day, year) Feb. 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	80	10 -	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) Aug 1931

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Silbergahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Vetters

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Lavinia Nadly

(Address) 1200 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 3/6/42 19

19. UNDERTAKER Chas. B. Kuchamper

(Address) 634 Washington Blvd

20. MAR 4 - 1942 Huntington Wilkinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/42 19

22. I HEREBY CERTIFY, That I attended deceased from ... 1938 to March 3 1942

I last saw ... alive on March 3 1942 Death is said to have occurred on the date stated above, at 12 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	March 42

Other contributory causes of importance:

Arteriosclerotic cardiovascular renal disease	years
Tertiary Lues.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin Pleasants M. D.

(Address) 1904 W. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 89760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 F 89760 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 S. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 414 S. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Olszewska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter Olszewski 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Thomas Koprowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Bertha Brown
(b) Address 414 S. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) MAR 4 1942 (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to March 2 1942 and that I last saw h[illegible] alive on March 1942

Immediate cause of death
Cerebral Hemorrhage — Duration Feb 27 '42
Hypostatic Pneumonia
Due to Arterial Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lipsky M. D.
Address 432 S. Patterson Pk Date signed 3/4/42

VS 3

89761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Make no erasures. Prepare in duplicate. Both copies must be complete and correct as required by law. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24 must be answered in every case. If unknown, or if the question is not applicable, state which. The space for "Usual Residence" (Item 2) is for information as to the place where the deceased had lived for a long time, and not the place where death occurred. The information called for in Item 3 is important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Mt. Holly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert J. Albright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1887

8. AGE: Years	Months	Days	If less than one day
54.	6	26	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation R. R. Crossing Watchman

11. Industry or business Pa. R. R.

FATHER 12. Name Henry M. Albright

13. Birthplace Md

MOTHER 14. Maiden Name Rose A. Egbert

15. Birthplace Md

16 (a) Informant Mrs. Edward W. Grimes

(b) Address 737 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 6 '42. (month) (day) (year)

(c) Cemetery or crematory

Location Granite, Md.

18 (a) Funeral director Harry H. Kuethe

(b) Address 4101 Edmondson Ave.

19 (a) MAR 4 – 1942 (Date received by registrar) Huntington Williams Hyp.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-3 1942, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942, to 3-3 1942, and that I last saw h. alive on 3-1 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Cor. Pneumonitis Bronchiectasis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Franklin Sq. Hosp. Date signed

F 89762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89762 Registered No.

BC(71576)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Castel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Marie Kratz

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife William Kratz
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) July 4, 1893

8. AGE: Years	Months	Days	If less than one day
48	7	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Smither
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Smiley
15. Birthplace Maryland

16 (a) Informant Wm. Kratz
(b) Address 935 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor ave

18 (a) Funeral director Harvey H. Blight Jr.
(b) Address 4914 Belair Road

19 (a) MAR 4 1942 (b) Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1942, to 3/2 1942, and that I last saw h[illegible] alive on 3/2 1942.

Immediate cause of death
Bronchopneumonia
Hypostatic C-V Accident 2 Cardiac Failure

Duration
6 days
5

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 3/2/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. If any item is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 89763 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14-E-Chase Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 14-E-Chase Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kennedy Boone

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December-28-1870

8. AGE: Years 71 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Col. William Marshall Boone
13. Birthplace Baltimore-Maryland

MOTHER
14. Maiden Name Sarah P. Kennedy
15. Birthplace Baltimore-Maryland

16 (a) Informant Mr. Marshall Boone (nephew)
(b) Address 110 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March-5-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Avenue, City.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 103 W. NORTH AVENUE, M.D.

19 (a) MAR 4 - 1942 (Date rec'd by registrar) Huntington Mitchell, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd, 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942, to March 3rd 1942, and that I last saw h[illegible] alive on March 3rd 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Chronic Nephritis	
Due to: Pulmonary Edema	3 days
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Date of operation:	
Major findings of operation:	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. A. Mitchell M. D.
Address 1306 E. Chase St. Date signed March 4/42

VS 3

89764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 89764 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 4214 Hayward av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4214 Hayward av
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3 (a) FULL NAME Edw C. Felter

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-12-0280

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary V. Felter

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 7/23/1865

8. AGE: Years 77 | Months ✓ | Days 108 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Builder

11. Industry or business

FATHER
12. Name F Felter
13. Birthplace Germany

MOTHER
14. Maiden Name A. Lad Hahn
15. Birthplace Germany

16 (a) Informant Mary V. Felter
(b) Address 4214 Hayward av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Reisterstown Rd

18 (a) Funeral director Walter Brooks Bentley
(b) Address 1911 N. Howard av

19 (a) MAR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1941, to March 3 1942, and that I last saw h[illegible] alive on March 2 1942.

Immediate cause of death: (a) Cerebral Sclerosis
Heart Disease — Duration: 5 yrs.

Due to: -

Due to:

Other Conditions: Complicated Cerebral Sclerosis
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earle L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 3/4/42

VS 3

39765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

F 39765 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Lyndhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Samuel Wallace (Dr. S. Kendig Wallace)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Christine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1-4-02

8. AGE: Years: 40 | Months: 1 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Physician

11. Industry or business

FATHER — 12. Name: Lester Wallace
13. Birthplace: Md

MOTHER — 14. Maiden Name: Kitty Brouwer
15. Birthplace: Md.

16 (a) Informant: Mrs. Wallace (wife)
(b) Address: JOHNS HOPKINS HOSPITAL 2316 Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 (Date rec'd by registrar) MAR 4 - 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Mar 3 1942 and that I last saw him alive on Mar 3 1942

Immediate cause of death: Massive hemorrhage — Duration 24 hrs.

Due to: Carcinoma of transverse colon

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 0

Major findings of operation:

of autopsy: Scirrhus carcinoma of Transverse Colon

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William E. Grove M. D.
Address: Johns Hopkins Hosp. Date signed 3-3-42

VS 3

44717 89766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. E 89766

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Shelby (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Malone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Jesse (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1-28-76

8. AGE: Years 66 | Months 1 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Ohio (Town, county and State)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Calvin McBride

13. Birthplace Ohio

MOTHER 14. Maiden Name Elizabeth Gettings

15. Birthplace Ohio

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)

(c) Cemetery or crematory

Location Plymouth, Ohio

18 (a) Funeral director WILLIAM J. TICKLER & SONS

(b) Address North & Pa. Aves.

19 MAR 4 - 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4- 1942 at 1435 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18- 1942 to 3-4- 1942 and that I last saw her alive on 3-4- 1942

Immediate cause of death Carcinoma of breast, left — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Invasion of axillary glands

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles B. Ireland

Address Johns Hopkins Hosp. Date signed 3-6-42 M.D.

VS 2

F 89767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 89767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Fill in all items as directed. Information must be complete and correct as far as known. Date of death must be entered. Underlining is required where necessary. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 N. Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert A. Allison

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ruth M. Allison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): September 12, 1869

8. AGE: Years	Months	Days	If less than one day
72	5	21	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: R. H. Allison
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Virginia Newman
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Ruth M. Allison
(b) Address: 2431 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location:

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North Ave.

19 MAR 4 – 1942 (Date rec'd by Reg.) (b) Huntington Hillegeist, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 3a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14 1942 to 3/3 1942 and that I last saw him alive on 3/1 1942

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roberta Reitz M. D.
Address 3408 Windsor Ave Date signed 3/3/42

F 89768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a F 89768

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Wilkins Ave.

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 412 S. Augusta Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

20 8

3 (a) FULL NAME Elizabeth K. Dietz - (Elizabeth K. Dietz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Henry Dietz, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 11, 1863

8. AGE: Years	Months	Days	If less than one day
78	5	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Jacob Kuhn

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mrs. Sophia Dietz

(b) Address 412 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1942 (month) (day) (year)

(c) Cemetery or crematory London Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director Amoroso

(b) Address 1005 W. Baltimore St.

19 (a) MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1942 at 2.4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942 to March 3 1942 and that I last saw her alive on March 3 1942.

Immediate cause of death Pneumococcic Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Pound M. D.

Address 24 E. Lynn Date signed 3/2/42

VS 2

F 89769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 89769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dd h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Curtis Creek, R.F.D.
(If outside city or town limits, write BURIAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD LEGG

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-3260

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel E. Legg
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) November 8, 1874

8. AGE: Years	Months	Days	If less than one day
67 ~~69~~	3	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tool Room Keeper
11. Industry or business Ellicott Machine Co.

FATHER
12. Name John Thomas Legg
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Dorothy E. Bowen
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Alonzo Johnson
(b) Address 4120 Curtis Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Marley Neck Ch. Cemetery
Location Marley Neck, Md.

18 (a) Funeral director M. Amoroso
(b) Address 1003 W. Baltimore St.

19 MAR 4 - 1942 (b) Huntington Williams, M.D. Registrar
Registered, 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at 12 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquiry~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ~~No~~	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ~~No~~
of autopsy: ~~No~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-3-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

89770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 89770 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Upperco
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gather "A" (Birth F-45021)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-42

8. AGE: Years	Months	Days	If less than one day
			20 hr. 30 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Charles Gather
13. Birthplace Wetzel Co., W. Va.

MOTHER
14. Maiden Name Lottie J. Bissett
15. Birthplace Green Co., Pa.

16 (a) Informant Mrs. Lottie Gather
(b) Address Upperco, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

MAR 4 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR - 4 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-1942 to 2-27-1942 and that I last saw him alive on 2-27-1942

Immediate cause of death

Atelectasis

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
20 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Miller, M. D.
Address Univ. Hosp. Date signed 2-27-42

7091

VS 3

89771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 89771

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Upperco
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Cather "B" (Birth F 45077)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-42

8. AGE: Years | Months | Days | If less than one day: 14 hr. 10 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Charles Cather
13. Birthplace Wetzel County, W. Va.

MOTHER
14. Maiden Name Lottie J. Bissett
15. Birthplace Green County, Pa.

16 (a) Informant Mrs. Lottie Cather
(b) Address Upperco, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 4 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR - 4 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-1942, to 2-27-1942, and that I last saw him alive on 2-27-1942.

Immediate cause of death

Atelectasis — Duration: 14 hrs.

Due to prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller, M. D.
Address Univ. Hosp. Date signed 2-27

VS 3

7092

89772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 89772

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Streets
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25, 1942

8. AGE: Years	Months	Days	If less than one day
			7 hr. 40 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederic Ellis
13. Birthplace

MOTHER
14. Maiden Name Hilda Commodore
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 4 1942

18 (a) Funeral director COMMISSIONER OF HEALTH
(b) Address Per H. A. Moore

19 (a) MAR - 4 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1942, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 (2 P.M.) 1942, to Feb. 28 (9:40 A.M.) 1942, and that I last saw h[illegible] alive on Feb. 28, 1942.

Immediate cause of death Prematurity — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lorman L. Levinson M. D.
Address University Hospital Date signed 3/3/43

VS 3

7090

E 89773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a E 89773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on typewriter or with pen and ink. Do not use pencil. Do not fail to answer every question. If none, write none. If unknown or approximate, state so. Do not leave any blanks. Physicians: please write the causes of death clearly and legibly. Please report immediately any inaccuracy or omission you may discover, and assist in obtaining the information required. Please see that your certificate is complete and correct and sign it in ink. Please report at once to the Bureau of Vital Statistics any case you may attend in which you do not file a certificate of death, stating the reason why. Please report promptly any death occurring without medical attendance, stating the cause of death as nearly as you can ascertain it. Please report promptly any death occurring without medical attendance, stating the cause of death as nearly as you can ascertain it.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Yolanda Rd.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Yolanda Rd., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Ellis.

3 (b) If veteran, name war: ***
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: James H. Ellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1869

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Frances Shields
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Donnelly
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. James H. Ellis
(b) Address: 3808 Yolanda Rd.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Old Frederick Rd.,

18 (a) Funeral director: John A. Moran
(b) Address: 4201 Greenmount Ave.,

19 (a) MAR 4 1942 (b) Huntington Ville Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2. 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27/42 to 3/2/42 19..., and that I last saw her alive on 2/28/42.

Immediate cause of death: Coronary Occlusion — Duration: 1½ hr.
Due to: Arteriosclerosis — 3 yrs.
Due to: Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. H. Herrmann
Address: 1106 E. 33rd St. Date signed: 3/2/42

89774

MA 71272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89774 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Pitcher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Woodland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Mollie Frost (d.) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1876

8. AGE: Years	Months	Days	If less than one day
66?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business Mr. Owens - employer

FATHER
12. Name William Woodland
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 MAR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 28 1942, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1942, to 2/28 1942, and that I last saw h[illegible] alive on 2/28 1942.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Uremia	?
Due to Hypertension C-1 Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 3/4/42 M. D.

VS 3

F 89775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-D

F 89775 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2314 Etting St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2314 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Andrew Butler
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 2, 1863
8. AGE: Years 78 | Months 9 | Days 16 | If less than one day hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Bessie Hall
(b) Address 5302 Denmore Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Randallstown, Md.
18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1681 Druid Hill Ave.
MAR 5 (Date rec'd) (b) Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942 at 6 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1941 to March 4 1942, and that I last saw him alive on March 3 1942.

Immediate cause of death	Duration
Chronic Valvular Heart Disease	?
Due to	
Due to	
Other Conditions Cerebral Hemorrhage	March 3/42

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Burkhardt Frey M. D.
Address 1928 Penna Ave Date signed 3/4/42

VS 2

F 89776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 89776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 Bruce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HATTIE EVANS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Charles Evans 6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Charles Evans
(b) Address 726 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wynnes

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St

MAR 5 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 4:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Valvular heart disease	
cardiac regurgitation	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 3-3-42

F 89777

SS 71456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146 F 89777

PLEASE WRITE PLAINLY WITH UNFADING INK. Every question must be answered. Where the exact information is not known, the best possible estimate should be given. Ages, dates and places must be stated. Names of informants should be given when requested. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 822 Vine Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1889

8. AGE: Years	Months	Days	If less than one day
53	11	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation On Helper

11. Industry or business

FATHER 12. Name George Johnson

13. Birthplace Virginia

MOTHER 14. Maiden Name Molly Brown

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cet

Location A. A. Co., Md.

18 (a) Funeral director Isaiah L. Burns & Son

(b) Address 1018 W Montgomery St

19 (a) Filed MAR 5 1942 Registrar Hunter Glover Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1942, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942, to 2-28 1942, and that I last saw him alive on 2-28 1942.

Immediate cause of death	Duration
Hypostatic Pneumonia Thrombosis Emphysema	10 da
Due to Carcinoma of Esophagus	5 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 2-12-42 & 2-17-42

Major findings of operation: Carcinoma of Esophagus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald B Nebb M. D.

Address Baltimore City Hosp Date signed 3-4-42

F 89778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 89778 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where exact information is not known, approximate as nearly as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 687 Appleton

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baby City (If outside city or town limits, write RURAL and give town)

(d) Street No. 687 Appleton (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Sara Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race b | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/16/1874

8. AGE: Years	Months	Days	If less than one day
68	1	16	hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thos Fyffe

13. Birthplace Md

MOTHER 14. Maiden Name Cockerson

15. Birthplace

16 (a) Informant Alexander Jones

(b) Address 687 Appleton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore, Md

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 N. Bridge St.

19 Mar 5 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4/42 19 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4/42 19 to 3/4/42 19; and that I last saw h alive on 3/2/42 19

Immediate cause of death

(a) Cerebral Haemorrhage

Due to

(b) Senile Arteriosclerosis

Due to

(c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H C Williams M. D.

Address 727 Mt Royal Ave Date signed 3/5/42

VS 8

F 89779
MA 72161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186-a

F 89779
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to secure correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Washington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bartlett Uhlfelder (BALLARD)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted]

8. AGE: Years	Months	Days	If less than one day
41	[redacted]	[redacted]	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name Jacob (d)
13. Birthplace ?

MOTHER
14. Maiden Name Hannah ? (d)
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Belair Rd

18 (a) Funeral director Jack Sewell Inc
(b) Address 1437 E Balto St

19 MAR 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1942 at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1942, to 3-4 1942, and that I last saw h[illegible] alive on 3-4 1942.

Immediate cause of death	Duration
1 Bronchopneumonia	2 da
Due to Hypostasis	2 da
Due to Fractured Femur senility	1 mo ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-[illegible]-42 at [illegible] M
(c) Where did injury occur? Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (?) While at work? Unkn.
(Specify type of place)
(e) Means of injury Fell out & fell

23. Signature Donald B. Ebbett M. D.
Address Balto City Hosp Date signed 3-4-42

VS 3

F 89780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-42

F 89780
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 W. North ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Pauline Flax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Reuben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1899

8. AGE: Years 43 | Months 0 | Days 7 | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name Simon Leberman
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Hyman Resnick
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (month) (day) (year)
(c) Cemetery or Crematory Rosedale
Location Sheffield & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAR 5 1942 (b) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-1942 at 4:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1942 to 3-3 1942 and that I last saw h[illegible] alive on 3-3 1942

Immediate cause of death: Uremia — Duration: 1 month

Due to: Hypertension + — 6 yrs.

Due to: Chronic nephritis

Other Conditions: Hypocalcemia — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Groß M. D.
Address W. P. 9. H. Date signed 3-4-42

VS 2

F 89781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 89781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Hillman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Reilly
3 (b) If veteran, name war None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1874

8. AGE: Years	Months	Days	If less than one day
67	7	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Patrick Reilly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Ireland

16 (a) Informant Melrose Nursing Home
(b) Address 5607 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cem
Location 4300 Old Frederick Rd
18 (a) Funeral director Edgar W. Compton
(b) Address 924 E. Fayette St.
19 (a) 1002 (Registrar's number) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4th 19 to Mar 3 1942; and that I last saw [illegible] alive on Mar 3 19 42

Immediate cause of death Starvation — Duration 2 Wks
Due to Self - imposed
Due to
Other Conditions Cardio-Vascular Renal Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverfield M.D.
Address 7142 Preston St Date signed 3/4/42

F 89782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89782 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Virginia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Virginia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Gadalia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Gabriel Scherr
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel Stockman
15. Birthplace Russia

16 (a) Informant Albert Hoffman
(b) Address 3012 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Harford Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAR 5 1942 (b) Registered by Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

6.30

20. DATE OF DEATH March 4, 1942 at P.M

23. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1941 to 3/4 1942.
and that I last saw her alive on 3/4 1942.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions Diabetes Mellitus, Advanced arteriosclerosis — Years
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Morrison
Address 11 E. Chase St Date signed 3/5/42

F 89783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89783

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution:
Hebrew Home For Aged - Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Shirley ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Dave Bernstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER 12. Name Harry Baenstein
13. Birthplace Poland.

MOTHER 14. Maiden Name Esther ?
15. Birthplace Poland

16 (a) Informant Sig 7 envelope
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5/42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale
Location Edmondson ave

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North ave

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1941, to 3-4- 1942
and that I last saw h alive on 3-4 1942.

Immediate cause of death: Carcinoma of Right breast with general metastases — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hedmun d Levin

Address Levindale Date signed 3/5/42

F 89784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-F 89784 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address Lafayette & John Sts.
(c) Hospital or institution Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince St. Georges
(c) City or town Hyattsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6104 43rd Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Faye Eclov

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Hearman F. Eclov
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 4 1890

8. AGE: Years	Months	Days	If less than one day
51	6	29	____ hr. ____ min.

9. Birthplace Defiance, Ohio. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business none

FATHER
12. Name Alvero S. Kratz
13. Birthplace Defiance Ohio

MOTHER
14. Maiden Name Grace Shirley
15. Birthplace Ohio

16 (a) Informant H. F. Eclov
(b) Address 6102-43rd Ave, Hyattsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) ~~Cemetery~~ crematory Arma Torium
Location Forest Lawn

18 (a) Funeral director Wm Chas Cook
(b) Address 1217 St. Paul St

19 (a) MAR 5 – 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942, to Mar 3 1942, and that I last saw her alive on Mar 3 1942.

Immediate cause of death Respiratory Failure — Duration 3 hrs

Due to Chronic Bronchitis, Bronchial asthma, Emphysema — 5 yrs

Due to Pituitary Adenoma

Other Conditions Vasomotor Collapse ? Cerebral accident — 3 hrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation none

of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Woman's Hospital Date signed 3/3/42

F 89785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89285

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials. Write out full name of city, town, or county. Do not use abbreviations. If the exact date of birth is unknown, give the approximate age. Physicians: please write the causes of death clearly and legibly. Be sure that the cause of death is stated in such terms as to show the primary cause, secondary causes, and complications. Indefinite and unsatisfactory terms, such as "heart failure," "exhaustion," "blood poisoning," etc., should not be used unless they are explained. Do not report mere symptoms of disease, such as pain, dyspnea, coma, convulsions, etc. Do not report conditions which did not contribute to the death. Operations should be reported only when performed for the disease causing death. Write plainly, with unfading ink. Do not abbreviate. Give full name of deceased. Do not use initials. Write out full name of city, town, or county. Do not use abbreviations. If the exact date of birth is unknown, give the approximate age. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4915 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4915 Park Heights Ave (If rural give location)
Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Angelo P. Pope

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-12-2958

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug- 1892

8. AGE: Years 49 | Months 7 | Days | If less than one day: hr. min.

9. Birthplace Greece (town, county, and state)
10. Usual Occupation Chef
11. Industry or business Cove Bros.

FATHER
12. Name Peter Pope
13. Birthplace Greece

MOTHER
14. Maiden Name Helen Unknown
15. Birthplace Greece

16 (a) Informant Marie V. Pope
(b) Address 4915 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7- 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director William Cook.
(b) Address 1217 St Paul St.

19 (Date filed by registrar) MAR 5 - 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3- 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941, to March 3 1942 and that I last saw him alive on Mar 3 1942.

Immediate cause of death: Hypertensive Cardiovascular Disease — Duration: 1941
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melton E Lowman M. D.
Address 5013 Park Heights Ave Date signed 3-3-42

VS 2

F 89786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P F 89786 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 N. Dunkan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 136 N Dunkan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Kahl

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1880

8. AGE: Years	Months	Days	If less than one day
61	5	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER
12. Name Charles Kahl
13. Birthplace Germany

MOTHER
14. Maiden Name Anna
15. Birthplace Germany

16 (a) Informant Katherine Kahl
(b) Address 219 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death

	Duration
Arteriosclerotic Cardio-Vascular	
Due to Suicide	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Holbrook M.D.
Medical Examiner.
Date signed 3/3/42

VS 6

F 89787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Presbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Bailey

3 (b) If veteran, name war Spanish-American
3 (c) Social Security Account No. 11 AE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~ widowed, or divorced: Widowed
6 (b) Name of ~~husband or~~ wife Ida G. Bailey
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 3 1868

8. AGE: Years 73 | Months 10 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace New York City
(Town, county, and state)
10. Usual Occupation Razor Grinder
11. Industry or business Laborer

FATHER
12. Name William York Bailey
13. Birthplace N. Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant John P. Bailey
(b) Address 2709 Presbury St.

17 (a) Burial (b) Date thereof 3/5/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William York
(b) Address 127 St. Paul St

19 (a) MAR 5 - 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1942 at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 15 1942 to March 3 1942 and that I last saw h[illegible] alive on March 3 1942.

Immediate cause of death: Uremic Poisoning — Duration 3 Mos
Due to Nephritis
Due to Hardening of the arteries
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 600 N. Howard Date signed 3/4/42 M. D.

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information asked for is important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 89788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Daniels

3 (b) If veteran of what war Civil War

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Edie H. Daniels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1839

8. AGE: Years 102 Months 4 Days 24 If less than one day hr. min.

9. Birthplace New York N.Y. (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Sea Food

FATHER
12. Name (Unknown) Daniels
13. Birthplace a

MOTHER
14. Maiden Name a
15. Birthplace a

16 (a) Informant Mrs Edna Steele
(b) Address 1612 N. Broadway

17 (a) Burial Bur (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 5 — 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4th 1942 at 12:30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from March 3d 1942, to March 4th 1942, and that I last saw h[illegible] alive on March 4th 1942.

Immediate cause of death Bronchio Pneumonia — Duration 3 days
Due to Bronchial Cold — 1 wk
Due to
Other Conditions Senility — Years
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lexington Stevens M.D.
Address 1936 Linden Ave Date signed March 5th 1942

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Give correct age as especially important.

F 89789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 — F 89789

PLEASE WRITE PLAINLY. With ink. Do not use pencil. Please give all information requested. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Hamilton Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Hamilton Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter E Godding

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 717-07-7675

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rev Mary Elva Godding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18 1887

8. AGE: Years 54 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace York Pa
(Town, county and state)

10. Usual Occupation Evangelist
11. Industry or business M E

FATHER
12. Name William Godding
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Fence
15. Birthplace Pa

16 (a) Informant Rev Mary Elva Godding
(b) Address 815 Hamilton Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)

(c) Cemetery or crematory Loudoun
Location Woodlawn Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 St Paul St

19 (Date received by registrar) MAR 5 — 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2, 1942 to Mar. 3, 1942 and that I last saw him alive on Mar. 2, 1942

	Duration
Immediate cause of death: Acute Cardiac Dilatation	2 days
Due to: Chronic Myocarditis	1 year
Due to: —	
Other Conditions: —	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank N. Dyson. M. D.
Address 2701 N. Calvert St Date signed Mar. 4 1942

VS 8

F 89790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89790 Registered No.

PLEASE WRITE PLAINLY with pen or indelible pencil. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 Carroll St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lawrence Clarence Bares

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 213-01-8853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband wife Evelyn Bares
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 11 1898

8. AGE: Years	Months	Days	If less than one day
44	0	23	hr. min.

9. Birthplace Cleveland Ohio (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business American Transfer Co

FATHER
12. Name Unknown Bares
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Evelyn Bares
(b) Address 749 Carroll St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3rd 1942, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3-1942 to 3-3-1942 and that I last saw him alive on 3-3 1942

Immediate cause of death Acute Coronary Thrombosis — Duration ✓
Due to
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Gloard M. D.
Address 876 Wolfe St Date signed 3/4/42

VS 3

F 89734 71472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58-B F 89791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Powers Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Esther Boone

3 (b) If veteran, name war no
3 (c) Social Security Account No. NONE.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 22, 1923

8. AGE: Years	Months	Days	If less than one day
18	11	12	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clarence Mason
13. Birthplace Maryland

MOTHER
14. Maiden Name Ethel Putman
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5/42 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Howard Co. Md.

18 (a) Funeral director Ebenezer T. Donovan
(b) Address 3615-17 Eastern Ave

19 (a) MAR 5 1942 Huntington Williams, M.D.
(Signature of city registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1942 at 2 20/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1942 to 3-4 1942 and that I last saw h alive on 3-4 1942

Immediate cause of death: Subacute bacterial endocarditis — Duration 7 weeks
Due to: Rheumatic heart disease — ?
Due to:
Other Conditions: over
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Mathews M. D.
Address Balto. City Hosp. Date signed 3-4-42

PLEASE WRITE PLAINLY; PRINT ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 89792

72130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2645 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Ijams 72130

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1876

8. AGE: Years	Months	Days	If less than one day
65	5	23	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation supervisor
11. Industry or business

FATHER
12. Name William H. Ijams
13. Birthplace Md

MOTHER
14. Maiden Name Jane Ann Hughes
15. Birthplace Md

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn.Md,

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 5 - 1942 (Registrar's signature) Initialed for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 3 1942, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942, to Mar. 3 1942, and that I last saw him alive on Mar. 3 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp Date signed 3-3-42

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Information is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89793 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2230 N. Harrison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVELYN JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Mary Brown
(b) Address 156 Calhoun St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) [illegible] (b) Thurlington Williams, M.D.
(Signature of registrar)
Filed MAR 7 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said , find that said deceased came (Autopsy or Inquiry) to h[illegible] death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-3-42

BALTIMORE CITY HEALTH DEPARTMENT

F 89794

CERTIFICATE OF DEATH

13-3 E-89794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 da
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 Dallas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

6-5

3 (a) FULL NAME Gladys Wall 70611

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1921

8. AGE: Years	Months	Days	If less than one day
21 22	0	15	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Green
13. Birthplace N.C.

MOTHER
14. Maiden Name Rachael Pequese
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Dennison Ave

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 19 42 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 19 41 to Feb. 28 19 42. and that I last saw her alive on Feb. 28 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 14 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 2-28-42

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D

F 89795 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Pierce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Pierce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H LYLES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Rosa Lyles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 - 1874

8. AGE: Years	Months	Days	If less than one day
67	0	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation minister
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Rosa Lyles
(b) Address 1507 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 323 N. Ashwood St.

19 (a) MAR 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1942, at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular	
Due to disease.	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-28-42

VS 6

F 89796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89796 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W. Lee st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Gleaves

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-0795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife Grace A Glenn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June-28-07

8. AGE: Years	Months	Days	If less than one day
34	8	3	hr. min.

9. Birthplace Danville - Va. (Town, county, and state)

10. Usual Occupation Helper on Truck

11. Industry or business Baltimore Trans. Co.

FATHER
12. Name Nelson Fontaine
13. Birthplace Danville - Va

MOTHER
14. Maiden Name Fannie A Glenn
15. Birthplace Danville, Va.

16 (a) Informant Fannie Jones
(b) Address 652. W. Lee St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Schroeder St

19 (Date rec'd by registrar) MAR 5 - 1942 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942 at 10 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 3/2/42

VS 6

F 89797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931 Registered No. F 89797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Good

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Josephine McGinnis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name George
13. Birthplace France

MOTHER
14. Maiden Name Catherine McCoy
15. Birthplace Penn.

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6. 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Gremmerus and Son

19 MAR 5 - 1942 (Date rec'd by Bur.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942 to Mch 4 1942, and that I last saw him alive on Mch 3 1942.

	Duration
Immediate cause of death: Edema of Lungs	1 day
Due to: Chronic Myocarditis	5 yrs
Due to:	
Other Conditions: Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Edel Hall M. D.
Address 1631 E North Ave Date signed 3/4/42

VS 3

89798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 89798

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city corporate limits, write RURAL and give town)
(d) Street No. 149 Colvin Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Price

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53 52			hr. min.

9. Birthplace St. Mary's County (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Price
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Anna Mae Childs
(b) Address 128 N. Colvin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 9 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 5 1942 (Date of signature) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw him alive on March 4 1942

Immediate cause of death	Duration
Cardiac failure	
Due to Prostate Hypertrophy C-V. Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Hedrick M.D.
Address Mercy Hospital Date signed 3/5/42

F 89799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 89799

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Darley Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer LeRoy Marston

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-12-7920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 1903

8. AGE: Years	Months	Days	If less than one day
38	6	6	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Tompkins Coach Co

FATHER
12. Name Charles A. Marston
13. Birthplace Virginia

MOTHER
14. Maiden Name Susie E. Seibold
15. Birthplace Maryland

16 (a) Informant Frank LeRoy
(b) Address 1601 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director E. B. Wippert & Son
(b) Address 1300 Eutaw place

19 (a) MAR 5 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at 1730 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 4 1942 and that I last saw h[illegible] alive on March 4 1942

Immediate cause of death Angina Pectoris (Major)

Due to

Due to

Other Conditions Myocardial degeneration (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

Duration
2 days
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No at M
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury No

23. Signature Harold Miller M.D.
Address 1500 N Broadway Date signed 3/4/42

F 89800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89800 Registered No.

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Stewart Goode

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Russell J.
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 27, 1901

8. AGE: Years	Months	Days	If less than one day
40	9	3.5	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles S. Gilbert
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Bessie B. Baldwin
15. Birthplace Baltimore Maryland

16 (a) Informant Russell J. Goode
(b) Address 1918 W. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md

18 (a) Funeral director J. B. Wyburt & Son
(b) MAR 5 1942 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/1942, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1942, to March 1942, and that I last saw h alive on March 2 1942.

Immediate cause of death Lobar Pneumonia — Duration 1 wk
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Herman Hood M. D.
Address 2200 Guilford Ave Date signed 3/4/42

VS 8

F 89801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 89801 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 E. Biddle (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

8-7

3 (a) FULL NAME Infant Beasley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-42

8. AGE: Years — | Months — | Days — | If less than one day: 7 hr. 30 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation newborn

11. Industry or business —

FATHER
12. Name William Beasley.
13. Birthplace Sparta, Virginia

MOTHER
14. Maiden Name Mamie Byrd
15. Birthplace Birmingham Alabama.

16 (a) Informant Mother (Mamie Beasley
(b) Address 1616 E. Biddle St.

17 (a) — (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 MAR 5 — 1942 (b) Huntington Williams M.D. Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1942. at 12 40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942. to Mar. 1 1942.
and that I last saw h er alive on March 1 1942.

Immediate cause of death: Respiratory Failure — Duration

Due to: Anoxemia

Due to: Premature Separation of Placenta

Other Conditions: Prematurity (8 mos.)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cousin C. Johnson M. D.
Address Provident Hospital Date signed March 2 1942

A penalty is provided for wilful concealment or falsification of any of the information required. Physicians: please write the causes of death clearly and legibly. Be sure that the information you give is correct age is especially important.

F 89802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1271 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1271 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sarah E. Brooks
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1880

8. AGE: Years	Months	Days	If less than one day
61	2	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William D Franklin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary A. Benton
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Sarah E. Franklin
(b) Address 1271 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Ave.

18 (a) Funeral director John J. Lanyan & Son
(b) Address 901 Collins St.

19 MAR 5 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 3-3- 1942, and that I last saw h/M alive on 3-3- 1942

Immediate cause of death Hypertensive Cardio-Vascular Disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell F. Rawlings M. D.
Address 4529 Easton Ave. Date signed 3-3-42

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 2

89803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 — F 89803 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 W. Balto. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Oberheim

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Lucquett L. Oberheim
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	11	19		1870

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Ernest Dougert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Schutte
15. Birthplace Germany

16 (a) Informant Carl L. Oberheim
(b) Address 2132 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Frederick C. Cole
(b) Address 1700 W. Lombard St.

19 (a) MAR 5 1942 Huntington Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 3-2 1942, and that I last saw he alive on 3-2 1942.

	Duration
Immediate cause of death: Bronchopneumonia	24 hrs
Due to: Other conditions — Fractured left humerus	3 weeks
Due to: (2) Senile calculus aged	?
(3) Hypostatic pneumonia aged	?
Other Conditions: (4) Chronic Nephritis	?
(5) Generalized arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence at M
(c) Where did injury occur? 2131 W. Balto St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell from Ladder

23. Signature Harold A. Jacobs M. D.
Address 1809 Eutaw Place Date signed 3-3-42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89804

89804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Westland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM DOERING

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary M. Doering
6 (c) If dead, give age: 42 years
7. Birth date of deceased (mo., day, yr.): April 13, 1899
8. AGE: Years 42 | Months 10 | Days 20 | If less than one day: hr. min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Cripple
11. Industry or business: U.S. World War

FATHER
12. Name: Christian Doering
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Minnie Baumann
15. Birthplace: Germany

16 (a) Informant: Mary M. Doering
(b) Address: 503 Westland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. National
Location: Baltimore

18 (a) Funeral director: Frederick A. Cole
(b) Address: 1700 W. Lombard St.

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 11:10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, lobular	
Due to: Fracture of pelvis	
Due to:	
Other Conditions: hs	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 29/1
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: February 28, 1942 9:40 PM
(c) Where did injury occur? Intersection Gwynn Oak Ave & Chapel Gate Lane 100 FT N-S (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury: pedestrian struck by auto
(f) Signature: H. L. Wallenmeier M.D. Asst. Medical Examiner.
Date signed 3-3-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89805 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Riggs ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Riggs ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Gibbs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1850

8. AGE: Years	Months	Days	If less than one day
91	10	17	hr. min.

9. Birthplace Caroline Co. Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry Lyer
13. Birthplace Va

MOTHER 14. Maiden Name Katherine Wharton
15. Birthplace Va

16 (a) Informant John H. Gibbs
(b) Address 2922 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of burial 3-6-42 (month, day, year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1911 W. Lanvale St

19 (a) MAR 5 - 1942 (Date rec'd by registrar) (b) Huntingtown Maryland, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1942, 5:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1940 to March 3 1942, and that I last saw her alive on March 2. 1942.

Immediate cause of death: Gangrene of right foot — Duration: 1 yr.

Due to: arteriosclerotic cardio-renal disease & senility — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hooker E. Staley M. D.
Address 3803 Edmondson Ave Date signed 3/

VS 3

F 89806

BALTIMORE CITY HEALTH DEPARTMENT 108 Registered No. F 89806

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry, item or information must be given for every question. Answer each question correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 2511 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beverley R. Thompson (Butch 37303)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC 7 1941

8. AGE: Years | Months | Days | If less than one day hr. min.
4 | 3 | 4

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Douglas L. Thompson
13. Birthplace Germantown Md.

MOTHER
14. Maiden Name Mary J. Downing
15. Birthplace Baltimore, Md.

16 (a) Informant Marie D. Downing
(b) Address 2511 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director Frederick R. Ailey
(b) Address 1300 W Lombard

19 MAR 5 1942 Registrar Washington for Williams Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1942 at 7:52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1942 to Mar. 3 1942, and that I last saw her alive on Mar. 3, 1942.

Immediate cause of death: Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Arthur Rosenberg M. D.
Address St. Agnes Hosp. Date signed 3/5/42

89807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 89807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 S. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Assmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife John Assmann

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1864

8. AGE: Years	Months	Days	If less than one day
77	3	9	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name George Presser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Michael J. Mooney
(b) Address 613 N. Woodington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Frederick C. Zell
(b) Address 2210 W. Lombard St.

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28th, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Feb 1942 and that I last saw h alive on Feb 28 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	4 yrs
Due to	
Due to	
Other Conditions Hypertrophic Arthritis	6 yrs

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. J. Sulewski M.D.

Address 5212 Portsmouth Rd Date signed 2-28-42

VS 8

89808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B ✓ Registered No. E 89808

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given as accurately as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2307 Greenmount Ave (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lorie Loving

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chas A Loving

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Apr 11 1862

8. AGE: Years 79 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Caroline Co Va (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Harry Wright
13. Birthplace Va

MOTHER
14. Maiden Name Harriet Wright
15. Birthplace Va

16 (a) Informant Virginia Atkinson
(b) Address 2809 W. North Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director John Wyatt
(b) Address 2600 Greenmount Ave

19 MAR 5 – 1942 (Date filed by Registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at 1:30 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 1-16 1942 to 3/3 1942 and that I last saw h[er] alive on 3-3 1942

Immediate cause of death: Mitral Regurgitation — Duration: 6 yrs

Due to:

Due to:

Other Conditions: Myocardial Degeneration — 3 days

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Miller M.D.
Address 1500 W Baltimore Date signed 3/5/42

VS 3

F 89809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D F 89809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Gough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wojciechowski

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68	-	-	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business at Home.

FATHER
12. Name Adam Miras
13. Birthplace Poland

MOTHER
14. Maiden Mary Skonezny
15. Birthplace Poland

16 (a) Informant Walter Wojciechowski
(b) Address 2105 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Gazewski
(b) Address 1900 Eastern Ave

19 (Date rec'd by registrar) MAR - 3 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1942 at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1942 to 3/4 1942 and that I last saw her alive on 3/4 1942.

Immediate cause of death: Heart Failure — Duration:
Due to: Bronchopneumonia — 2 days
Due to:
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Tompkins M. D.
Address St Joseph's Hospital Date signed 3/4/42

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Underline the cause for which you consider the disease primarily responsible. Do not use abbreviations. Be sure that the entries are complete and correct. Accurate age is especially important.

VS 3

F 89810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 89810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Mt Holly St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Mt Holly St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter John Bienemann

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Regina Stoecker

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): May 11, 1873

8. AGE: Years: 68 | Months: 9 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Grand Rapids Mich (Town, county and state)

10. Usual Occupation: Certified Public Acct.

11. Industry or business:

FATHER
12. Name: Dr Edward G. Bienemann
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elise J. Pfeiffenbirth
15. Birthplace: Fort Wayne, Ind

16 (a) Informant: Mrs. Regina Bienemann
(b) Address: 2118 Mt Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md.

18 (a) Funeral director: Leo Wilson & Son
(b) Address: 2503 Edmondson Ave

MAR 5 1942 (b) Huntington Williams M.D.
(Registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 2:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Waidelich M.D. (Medical Examiner)
Date signed 3/5/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

42-B

F 89811 Registered No.

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Dudley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ~~Life~~ 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Dudley Ave. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

2653

3 (a) FULL NAME Barbara Schmitt – (Neubauer)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife: John F. Schmitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1859

8. AGE: Years	Months	Days	If less than one day
82	2	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business —

FATHER
12. Name John Russ
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Neubauer
15. Birthplace Germany

16 (a) Informant Marie Fassinger
(b) Address 3913 Chesley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

MAR 5 – 19[illegible] Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 10 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 31 1942 to March 3 1942 and that I last saw her alive on March 3 1942

Immediate cause of death: Cerebral Arteriosclerosis — Duration: 2 yrs.
Due to: Obstruction by Perforation — 2 yrs.
Due to: Perforated Duodenal Ulcer — 1 day
Other Conditions: Cancer Dilatation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury:
23. Signature Albert Engelberg
Address 2025 E. Hurst Ave. Date signed 3/4/42 M.D.

89812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Beason Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Beason Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Jozef Mazurkiewicz – MAZUREK

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of wife Anna Mazurkiewicz
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 19, 1875

8. AGE: Years	Months	Days	If less than one day
66	11	13	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Antoni Mazurkiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Franciszka Kampista
15. Birthplace Poland

16 (a) Informant Mrs. Anna Mazurkiewicz
(b) Address 1631 Beason Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rozary
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S. Linn st

MAR 5 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1942, at 9.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1941, to Mar. 4 1942, and that I last saw h[illegible] alive on Mar. 4 1942.

Immediate cause of death: BRONCHO-PNEUMONIA — Duration: 3 DAYS
Due to: ARTERIOSCLEROTIC, HYPERTENSIVE CARDIOVASCULAR DISEASE — 2 YRS.
Due to — over
Other Conditions: PROSTATIC HYPERTROPHY INGUINAL HERNIA — ??
(Include pregnancy within 3 months of death)

Major findings: Of operations: NONE
Of autopsy: NO AUTOPSY

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph F. Dorsey
Address 209 S. Chester St Date signed 3/5/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89813
MA 15943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89813
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 2015 Spar Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Milas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1863

8. AGE: Years	Months	Days	If less than one day
79?			hr. min.

9. Birthplace Australia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace U. S. Records

16 (a) Informant B. H. Records.
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Berman Hill Rd. - Balto Co.

18 (a) Funeral director John J. Fahey Sons
(b) Address 1318 Light St.

19 MAR 5 - 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-2 1942 at 7 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1940 to 3-2 1942.
and that I last saw h alive on 3-2 1942.

Immediate cause of death	Duration
Bronchopneumonia	7
Due to Coronary arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 3-5-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89814

SS 71964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 89814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1708 Matew Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Washington Neblitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mable

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1874

8. AGE: Years	Months	Days	If less than one day
67	2	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Old Age Pension

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriett ?
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Fredrick ave
18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway
19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

MAR 5 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1942 at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1942 to 3-4 1942 and that I last saw h[illegible] alive on 3-4 1942.

Immediate cause of death Cerebral arteriosclerosis — Duration 4 years

Due to

Due to

Other Conditions Carbuncle Kembrans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Ralston M. D.
Address Balto. City Hosp Date signed 3-5-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

412176 F 89815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-G

F 89815 Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town RFD #1 Street, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Recilla James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-42

8. AGE: Years	Months	Days	If less than one day
		12 17	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John James
13. Birthplace Pa.

MOTHER
14. Maiden Name Carenthia Nydah
15. Birthplace Va.

16 (a) Informant record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 3 6 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St James Cemetery
Location Hayed Grace, Md

18 (a) Funeral director Elmer E Budnick
(b) Address Havre de Grace, Md

19 (a) (b) Huntington Nottingham, Md
(Date rec'd by registrar) Registrar

MAR 5 1942

VS Y 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4- 1942 at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 3-4- 1942 and that I last saw her alive on 3-4- 1942.

Immediate cause of death Pneumonia

Duration 3 days

Due to Post-op complication following repair of cong. Tracheo-esophageal fistula

Due to

Other Conditions? Birth injury

(Include pregnancy within 3 months of death)

Date of operation 2/26/42

Major findings of operation: Tracheo-esophageal fistula

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollard

Address J. H. H. Date signed 3-5-42

89816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-8

Registered No. E 89816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 117 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD PERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL MAR 5 1942

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore.

19 (a) MAR - 5 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28, 1942, at 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Date signed 3-1-42 Asst Medical Examiner.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

7096

89817

BALTIMORE CITY HEALTH DEPARTMENT ✓ 108 Registered No. F 89817

CERTIFICATE OF DEATH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1723 Orleans St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELSIE JOHNSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 5 1942
COMMISSIONER OF HEALTH
18 (a) Funeral director
(b) Address Per H. A. Moore
19 MAR - 5 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15. 1942 at 8:30 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death — Duration
Pneumonia, lobar
Due to
Due to
Other Conditions ~~to~~
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ~~to~~
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 2-20-42

VS 6

1093

F 89818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 89818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 5 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mosca.

19 MAR - 5 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

1092

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 a

F 89819 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Dawson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL MAR 5 1942

Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) MAR – 5 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1942 at 7a 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Saudekupt M.D. Medical Examiner

Date signed 2/27/42

1095

VS 6

F 89820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-E

F 89820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Holiday
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(d) Street No. Cambridge Arms Apt (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lotta Riley (LOTTA RILEY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife William T. Riley
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 6/28/1874

8. AGE: Years	Months	Days	If less than one day
67	8	4 6	___ hr. ___ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Wagner
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth Trautvetter
15. Birthplace Balto.

16 (a) Informant Wagner M. Riley
(b) Address Cambridge Arms Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) MAR 5 — 1942 (Date received by registrar) (b) Huntington Williamson, M.D.

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1942, at 2 52 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942 to Mar 4 1942 and that I last saw h[illegible] alive on Mar 4 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarke Bassett M.D.
Address Mercy Hosp. Date signed 3/7/42

F 89821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Lambeth Road, Gilford (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Joseph Patrick Kennedy (Elizabeth) S.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Joseph P KENNEDY
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1886

8. AGE: Years	Months	Days	If less than one day
55	2	27th	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. Arthur U. Sterling
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Riepsnieder
15. Birthplace Maryland

16 (a) Informant Husband
(b) Address 202 Lambeth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) MAR 5 1942 (Date) Huntington, Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942 at 2 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Mar 4 1942 and that I last saw her alive on Mar 4 1942

Immediate cause of death	Duration
Carcinomatosis	1 yr
Due to malignancy of uterus (probable primary site)	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 2, 1942 (last)
Major findings of operation Carcinomatosis
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Haskin Jr. M. D.
Address Union Memorial Hosp. Date signed 3-7-42

89822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

Registered No. E 89822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto.
(b) Street address 1220 Bayard.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Bayard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Henrietta Hines

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ✓

FATHER
12. Name Charles McCall
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant Odell Venstory
(b) Address 1220 Bayard

17 (a) Removal (b) Date thereof 3/6/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location South Boston Va

18 (a) Funeral director Isaac D. Brown Son
(b) Address 1016 W. Montgomery St

19 (a) MAR 5 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 19__, to March 3 1942 and that I last saw h__ alive on Jan 20 1942.

Immediate cause of death: Central Hemmhage

Due to: Hypertension &

Due to: Age.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Carfun M. D.
Address 1016 S. Stamp St. Date signed 3-5-42

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

VS 3

89823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 89823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 WINSTON AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO. CO.
(c) City or town BALTO. MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 WINSTON AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL E. STEINOUR

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	WHITE	MARRIED

6 (b) Name of husband or wife ZOE B. WILSON

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) NOV. 23, 1870

8. AGE: Years	Months	Days	If less than one day
71	3	12	hr. min.

9. Birthplace ADAMS CO. PA.
(Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name CORNELIUS
13. Birthplace FULTON CO. PA.

MOTHER
14. Maiden Name AMANDA LANDIS
15. Birthplace PA.

16 (a) Informant Belle S. Steinour
(b) Address 1600 Thomas Ave Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory FAIRVIEW
Location ARENDTSVILLE, PA.

18 (a) Funeral director L. L. Allison
(b) Address Fairfield, Pa.

19 (a) MAR 5 - 1942 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Address 1531 E. North Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1941 to Mar 5 1942
and that I last saw alive on Mar 1 1942

Immediate cause of death	Duration
Hypertensive arteriosclerotic heart disease	6 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Date signed M D Y 3/5/42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

89824

BALTIMORE CITY HEALTH DEPARTMENT 46-B F 89824

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland MT. Winans
(b) Street address 2602 Pierpont ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town MT. Winans (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Pierpont ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: A A-

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John W. Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1873

8. AGE: Years 68 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Edward Anderson
13. Birthplace Howard Co Maryland

MOTHER
14. Maiden Name Laura
15. Birthplace Howard Co. Maryland

16 (a) Informant Mrs Addie Jackson
(b) Address 2602 Pierpont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Hopkins
Location Howard County Maryland

18 (a) Funeral director Joseph A. Rocky
(b) Address 4 N. North Mount Street

19 (a) MAR 5 - 1942 (Date rec'd by registrar) H. M. [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942, at 1:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1942, to 3-2 1942, and that I last saw h[illegible] alive on 3-2- 1942.

Immediate cause of death: Carcinoma of Stomach — Duration: 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert L. Moseley Jr

Address 7024 Madison Ave Date signed 3-3-42 M. D.

Joseph Kapralek

89825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 89825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 943 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A. Kapralek

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha L. Kapralek

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 4, 1867

8. AGE: Years 74 | Months 8 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER — 12. Name Joseph Kapralek
13. Birthplace Bohemia

MOTHER — 14. Maiden Name Anna Vesely
15. Birthplace Bohemia

16 (a) Informant Bertha L. Kapralek
(b) Address 943 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balt.

18 (a) Funeral director Frank Lorach & Son
(b) Address 900 N. Chester St.

19 (a) MAR 5 - 1942 (Date rec'd by registrar) Registrar for William H. Welch

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 2.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1941 to Feb. 21 1942, and that I last saw h.. alive on Feb 21 1942

Immediate cause of death — Duration

Coronary occlusion — 1 year
Due to Arterio-Sclerosis — 10 years
Due to Diabetis mellitis — 11 years
Other Conditions Cerebral hemorrhage — 1 year
1941 in bed since
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maria A. Ramon M. D.
Address 1305-07 E. Balt St. Date signed 3/6/42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry, including name, must be complete and correct as to each item. Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 89826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary O. (Lilly) McCafferty

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Columbus McCafferty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 - 1858

8. AGE: Years 83 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Stevens
13. Birthplace Unknown

MOTHER
14. Maiden Name Susan Wheeler
15. Birthplace Unknown

16 (a) Informant Harry McCafferty
(b) Address 800 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 7 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eleanor St

19 MAR 6 - 1942 (Date received by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to Mar 3 1942 and that I last saw h[illegible] alive on March 2 1942.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 day
2 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emory J. Cook M. D.
Address 2500 E Baltimore Date signed 3/6/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 89827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 89827

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 N. Castle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Castle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida B. Wiesner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm. Wiesner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1875

8. AGE: Years 66 | Months 64 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wm. Thomas
13. Birthplace Unknown

MOTHER
14. Maiden Name Rachel —
15. Birthplace Unknown

16 (a) Informant Mrs. Edna Beck
(b) Address 510 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 6 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (d) MAR 6 - 1942 (Local registrar's signature) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 3 1942 at M

21. I certify that death occurred on the date stated; that I attended deceased from Dec 1941 to Mar 3 1942
and that I last saw h alive on 19

Immediate cause of death: Carcinoma of Right Breast — Duration 1 yr.
Due to
Due to Toxic Absorption — Duration 1 mon.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Kemp
Address 2630 E. Baltimore Date signed 3/6/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 89828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Washington Apartments
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 76 Washington Apartments (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Fannie Abrahams Jameson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William D. Jameson deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1855

8. AGE: Years	Months	Days	If less than one day
86	8	17	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Woodward Abrahams
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Elizabeth Littig
15. Birthplace Baltimore, Md

16 (a) Informant Sumner A. Parker
(b) Address 913 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Maryland Sts

19 (a) Received (b) MAR 6 1942 Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to March 4 1942, and that I last saw h alive on March 4 1942

Immediate cause of death Cerebral Hemorrhage

Due to Age

Due to Vascular Cardiac

Other Conditions Conduction

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

Duration: 5 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

25. Signature John H. Adams M. D.
Address 6127 York Rd Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

89829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 W Franklin st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 W. Franklin st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Campbell. (Birth F 89443)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-27-1941

8. AGE: Years	Months	Days	If less than one day
—	9	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name John Mc Allister
13. Birthplace Md

MOTHER
14. Maiden Name Frances Campbell
15. Birthplace N. C.

16 (a) Informant Boston Campbell
(b) Address 829 W. Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)
(c) Cemetery or crematory W. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 MAR 6 - 1942 Huntington Williams M.D.
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942; at 9 4 M

21. I certify that death occurred on the date above stated, that I last attended deceased from March 3 1942 to March 3 1942 and that I last saw h— alive on March 3 1942.

Immediate cause of death
Pulmonary Tuberculosis (Primary)
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration 7 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Hoby M.D.
Address 1 W Franklin st Date signed 3/6 1942

VS 3

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure that the information you give is correct and complete. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 — aF 89830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Penrose Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Penrose Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Richardson Ashby.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Alice McIntire

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 9. 1864

8. AGE: Years 77 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Front Royal Va. (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business W. Md. R.R.

FATHER
12. Name Thos. Newton Ashby
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Almond
15. Birthplace Va.

16 (a) Informant Mrs. Julian M. Rodgers
(b) Address Catonsville - (twice)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzfeld
(b) Address 4101 Edmondson Ave Huntington Williams, M.D.

MAR 6 1942 (Date rec'd by Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1942, at 120 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1942 to May 4 1942 and that I last saw h. alive on Mar. 4 1942

Immediate cause of death
Coronal Hemorrhage
Due to Hy. Interstitial Nephritis
Due to Arteriosclerosis

Duration
3/4/42
1940
1935

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl L. Brown, M.D.
Address 1663 W. North Ave Date signed 4/3/42

VS 3

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 89831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 89831 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Entries must be made in this record for every death which occurs in the City of Baltimore. Information called for on this certificate is necessary for the completion of the permanent record and should be furnished as accurately and completely as possible. Items of information regarding the deceased person are important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Oakcrest Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Oakcrest Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren S. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-8513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Minnie A. Rapson
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1876

8. AGE: Years	Months	Days	If less than one day
66	11	1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business U.S.F. & G

FATHER
12. Name Hamilton Russell
13. Birthplace Maine

MOTHER
14. Maiden Name Mary E. Snyder
15. Birthplace Baltimore Md

16 (a) Informant Frank Russell
(b) Address 2800 Bauernwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7.42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave. Parkville

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 MAR 6 - 1942 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3/42 19 at 3.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 19 42 to 3/3 19 42 and that I last saw him alive on 3/3 19 42

Immediate cause of death: Acute Pulmonary Oedema — Duration 24 hours
Due to Superadded Bronchopneumonia, Chronic Nephritis
Due to Generalized Arteriosclerosis, Obesity
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney
Address 7101 Harford Rd. Date signed 3/5/42

VS 8

H. L. Wollenweber, MD Asst. Medical Examiner

F 89832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 89832

Registered No. 9 P A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 E. Fayette St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS HENRY NEELS

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Laura Neels

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July.12.1859

8. AGE: Years 82 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Laborer - retired

11. Industry or business:

FATHER
12. Name: William Neels
13. Birthplace: Germany

MOTHER
14. Maiden Name: Caroline Neubauer
15. Birthplace: Germany

16 (a) Informant: Miss Katherine Brunner
(b) Address: 3409 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 3. 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.

MAR 6 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Feb~~ Mar. 2. 1942 at 8.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1942 to Mar 2 1942 and that I last saw ~~him~~ alive on March 2 1942.

Immediate cause of death: Uraemia — Duration: 2 days

Due to: — Duration: own

Due to: — Duration:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. H. Gordon

Address 3400 E. Baltimore St Date signed 3/3/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 89833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89833 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Either print or type. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Please answer all questions. Underline the correct answer. Fill in all blanks with the information requested or the word "None" so as to show that no item has been omitted. Be sure to give age in years, months, days, hours, or minutes, as required. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4627 Kavon Ave (If rural give location)
(e) Person of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Lucy C Foley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John A Foley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1868

8. AGE: Years	Months	Days	If less than one day
69	9	14	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Achille Ford
13. Birthplace Balto md.

MOTHER
14. Maiden Name Susan Carrick
15. Birthplace Balto. md.

16 (a) Informant J. Ford Foley
(b) Address 4627 Kavon ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 1942 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Gorsuch ave.

18 (a) Funeral director G. Howard Strong
(b) Address 745 Light St

19 (a) MAR 6 – 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4/42 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1942 to 3/4 1942 and that I last saw him alive on 3/4 1942.

Immediate cause of death Coronary occlusion — Duration 7 days

Due to

Due to

Other Conditions Lobar pneumonia — 7 days.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not obtained

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Bonaly M. D.
Address Mercy Hosp Date signed 3/6/42

VS 2

F 89834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89834

Registered No.

Physicians: please write the causes of death clearly and legibly. Underlining is especially important. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 N Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 N Castle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Porcella

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13th 1882

8. AGE: Years	Months	Days	If less than one day
59	6	21	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James J. Plank
13. Birthplace Md

MOTHER
14. Maiden Name Sarah German
15. Birthplace Md

16 (a) Informant Mr. L. Fuchs
(b) Address 1923 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo J. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) [illegible] (b) [illegible]
(Signature of registrar)
MAR 6 1942
[illegible] Registrar
VS 3 Mrs. Franklin [illegible], M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4th 1942, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941, to March 4th 1942, and that I last saw h[illegible] alive on March 2 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Bronchitis	
Due to Diabetes	
Other Conditions Hypertension Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1123 E Pond St Date signed 3-6-42

F 89835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-0 F 89835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Do not leave any blanks. Be sure to give correct age in each case. Where exact information is not known, approximate as nearly as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Lakewood Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Bird Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 5-1942

8. AGE: Years | Months | Days | If less than one day hr. 5 min.

9. Birthplace Baltimore Maryland. (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lawrence Fowler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Hazel Vollmer
15. Birthplace Baltimore Md.

16 (a) Informant Family.
(b) Address 413 N Lakewood Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 5 1942 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location WOODLAWN MD.

18 (a) Funeral director MARTIN W. E. DIPPEL
(b) Address LOMBARD AND ANN STS.

19 (a) [illegible] (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 5 1942 to Mch. 5 1942, and that I last saw h[illegible] alive on Mch. 5 1942.

Immediate cause of death
Hydrocephalus
Spina Bifida.
Due to Meningocele

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
—
"
"

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Kade M. D.
Address 1200 Sheldon Rd Date signed 3/6/42

F 89836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 89836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1941 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

201

3 (a) FULL NAME Eva Louise Pfeifer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George Pfeifer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 7, 1863

8. AGE: Years 78 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, MARYLAND (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business Own home

FATHER
12. Name Theo. Bagell
13. Birthplace Baltimore, MARYLAND.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William Brom
(b) Address 1941 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-42 (month) (day) (year)

(c) Cemetery or crematory Louden Park
Location Fredyck Ave

18 (a) Funeral director Confrose, Inc.
(b) Address 414 N. Franklintown Rd

19 (a) MAR 6 - 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-37 19 41, to Mar 4 19 42, and that I last saw h alive on 19

Immediate cause of death — Duration

Bronchopneumonia — 4 dy.

Due to

Due to

Other Conditions Mitral Stenosis — 1 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion L. Young M. D.
Address 729 Cornwall Road. Date signed 3/6/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

F 89837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella G. Shelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Frederick J. Shelley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1858

8. AGE: Years	Months	Days	If less than one day
84	1	10	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Johnston Godfrey
13. Birthplace Ireland

MOTHER
14. Maiden Name Fannie Gibbs
15. Birthplace Ireland

16 (a) Informant Mrs. Fannie I. Bieswanger
(b) Address 2310 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemy.
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

19 MAR 6 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1942 to 3/5 1942 and that I last saw her alive on 3/4 1942

Immediate cause of death	Duration
Acute Myocarditis	7 days
Due to Arterio-sclerosis	years
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter T. Condon M. D.
Address 4012 Edmondson Ave. Date signed

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 89838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164-C

Registered No. F 89838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Hewitt Way
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Hewitt Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM THOMAS ETZLER

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 214-03-9346

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Josephine M. Etzler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/1902

8. AGE: Years 39 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Libertytown, Md.
(Town, county, and state)

10. Usual Occupation Truck Driver
11. Industry or business Anchor Motor Lines

FATHER
12. Name Wm. H. Etzler
13. Birthplace Md

MOTHER
14. Maiden Name Fannie D. Sweadner
15. Birthplace Md

16 (a) Informant Mrs. Josephine M. Etzler
(b) Address 1018 Hewitt Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cem. Liberty
Location Town Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) MAR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942, at 9 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Bullet wound of head	
Due to: Suicide	
Due to: Mental despondency	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 4, 1942 at 9 P.M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Revolver

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed 3-4-42

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 89839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 89839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Fairmount Ave.
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 E 31st St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gerhard Boe (Gerhard Marcus Boe)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Amelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1873

8. AGE: Years	Months	Days	If less than one day
68	8	18	hr. min.

9. Birthplace Norway (Bergan) (Town, county, and state)
10. Usual Occupation Shipping Inspector
11. Industry or business

FATHER
12. Name Ole Boe
13. Birthplace Norway

MOTHER
14. Maiden Name Marie
15. Birthplace Norway

16 (a) Informant Mrs. Boe (wife)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 (a) (b) Huntington Witherspoon, M.D.

MAR 6 1942
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 9:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1942, to 3/5 1942, and that I last saw h/her alive on 3/5 1942.

Immediate cause of death: Myocardial failure — Duration

Due to: arteriosclerotic cardio vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md General Hospital Date signed 3/5/42

PLEASE WRITE PLAINLY. With ordinary pen and ink. Do not use pencil. Do not fold. Do not roll. Be sure to answer all questions. Be sure to give correct age in years, months, days. Be sure to give correct residence. Be sure to give correct age if under 1 year. Be sure to give correct age if over 1 year. Be sure to give correct age if under 1 month. Be sure to give correct age if over 1 month. Be sure to give correct age if under 1 day. Be sure to give correct age if over 1 day. Be sure to give correct age if under 1 hour. Be sure to give correct age if over 1 hour. Be sure to give correct age if under 1 minute. Be sure to give correct age if over 1 minute. Be sure to give correct age if under 1 second. Be sure to give correct age if over 1 second. Be sure to give correct age if under 1 millisecond. Be sure to give correct age if over 1 millisecond. Be sure to give correct age if under 1 microsecond. Be sure to give correct age if over 1 microsecond. Be sure to give correct age if under 1 nanosecond. Be sure to give correct age if over 1 nanosecond. Be sure to give correct age if under 1 picosecond. Be sure to give correct age if over 1 picosecond. Be sure to give correct age if under 1 femtosecond. Be sure to give correct age if over 1 femtosecond. Be sure to give correct age if under 1 attosecond. Be sure to give correct age if over 1 attosecond. Be sure to give correct age if under 1 zeptosecond. Be sure to give correct age if over 1 zeptosecond. Be sure to give correct age if under 1 yoctosecond. Be sure to give correct age if over 1 yoctosecond. Be sure to give correct age if under 1 rontosecond. Be sure to give correct age if over 1 rontosecond. Be sure to give correct age if under 1 quectosecond. Be sure to give correct age if over 1 quectosecond. Be sure to give correct age if under 1 ronnosecond. Be sure to give correct age if over 1 ronnosecond. Be sure to give correct age if under 1 quettasecond. Be sure to give correct age if over 1 quettas

F 89840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 aF 89840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William W. Moat

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Lula M. Moat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28, 1865

8. AGE: Years	Months	Days	If less than one day
77	0	6	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Thomas Moat
13. Birthplace New Jersey

MOTHER
14. Maiden Name McCarg
15. Birthplace Unknown

16 (a) Informant Mr. H. M. Moat (brother)
(b) Address 1722 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address 1947 Pa. Aves.

MAR 6 1942

19 (a) (Date rec'd by registrar) (b) Huntington Witherspoon, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1942 19 at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1942 to March 4 42 and that I last saw him alive on March 3 19 42.

Immediate cause of death	Duration
Coronary occlusion	6 week
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl Bingwald M. D.
Address 613 E. Fayette St. Date signed

correct age is especially important. Physicians: please write the cause of death very legibly.

VS 3

F 89841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 89841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1054 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1054 Penna. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Opeiman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Joseph Opeiman
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct 5 1865

8. AGE: Years	Months	Days	If less than one day
76	5	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Mentzel Marschuk
13. Birthplace Bavaria

MOTHER
14. Maiden Name Annie Schimberg
15. Birthplace Bavaria

16 (a) Informant Mrs. R. Opeiman
(b) Address 2303 N. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location [redacted] Pikesville

18 (a) Funeral director John J. Tickner & Sons.
(b) Address North & Fulton Aves.

19 MAR 6 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to Mar 5 1942 and that I last saw h alive on Mar 4 1942

Immediate cause of death Coronary Thrombosis — Duration 3/5/42
Due to Chr. Myocarditis — 1940
Other Conditions
(Include pregnancy within 3 months of death)
Major findings Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Brown
Address 1663 W. North Ave. Date signed 3/6/42

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of fact should be correct age is especially important.

F 89842 MA 71962

F 89842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Niemczyk

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry (d)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 12, 1867

8. AGE: Years 57 | Months 11 | Days 23 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Zawazki
13. Birthplace: Poland

MOTHER
14. Maiden Name: Mary Wolkowska
15. Birthplace: Poland

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory: St Stanislaus
Location: Baltimore Md

18 (a) Funeral director: George A. Weber
(b) Address: 700 S Amity st

19 (a) [illegible] (b) Huntington Williams, M.D.

MAR 6 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-5 1942, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1942, to 3-5 1942, and that I last saw her alive on 3-5 1942.

Immediate cause of death: Uremia — Duration: 2 weeks

Due to: Hypertension C.V. disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard K. Rathbun M. D.
Address: Balto. City Hosp. Date signed: 3-5-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 89843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 89843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES A. LAWRENCE

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married

6 (b) Name of husband or wife: Helen C. Lawrence
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) Aug. 23rd 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47 49	6	14		

9. Birthplace Easton Md Royal Oak Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Charles Lawrence Sr
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Carmichael
15. Birthplace Easton Md Royal Oak Md

16 (a) Informant: Helen C. Lawrence
(b) Address 611 Stirling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 7 - 1942 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Balto, Md

18 (a) Funeral director Bryant Magruder H. Wright
(b) Address 721 Aisquith St

19 (Date rec'd by registrar) MAR 6 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942 at 6 55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilis cardiovascular — Duration
Due to
Due to
Other Conditions Tuberculosis acute pulmonary bilateral (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Asst. Medical Examiner.
Date signed 3 - 4 - 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 Ettting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Ettting St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Chamberd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Howard Chamberd
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1897

8. AGE: Years	Months	Days	If less than one day
45	0	11	hr. min.

9. Birthplace Annapolis Md (city, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Gabriel Parker
13. Birthplace Anne Arundel Co Md

MOTHER
14. Maiden Name Martha Cole
15. Birthplace Balto Md

16 (a) Informant Grace Maggie (sister)
(b) Address 1132 Ettting St

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 6 1942 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill
Location Annapolis Md

18 (a) Funeral director Sarah Katie Williams
(b) Address 322 Hunting Ave

19 (a) MAR 6 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1942, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to March 3 1942, and that I last saw him alive on March 2 1942.

Immediate cause of death Chronic Nephritis
1 Uremia — Duration 1940

Due to

Due to

Other Conditions Aortic Insufficiency
and Hypertension — 1940
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Menna M. D.
Address 1429 E Monument St Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 89845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163 — F 89845 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3233 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE P. HARRISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife [illegible] Melone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 ? 1868

8. AGE: Years	Months	Days	If less than one day
73	8	29	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Geo W Harrison
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mary Mooney
15. Birthplace New Jersey

16 (a) Informant Mrs Marion McLean
(b) Address 4111 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 1345 Harford Rd Huntington Ave

19 MAR 6 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942 at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) & (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Phosphorus poisoning (rat paste) — Duration
Due to suicide
Due to
Other Conditions Diabetes mellitus
Chronic alcoholism (Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence March 4, 1942 M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury swallowed rat paste
23. Signature F. J. Wollenweber M.D.
Medical Examiner.
Date signed 3-4-42

VS 6

F 89846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89846 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 E. Balto. St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Exeter Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis S. Levin

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-6052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Russia

MOTHER 14. Maiden Name Theresa

15. Birthplace Russia

16 (a) Informant Elis Levin

(b) Address 123 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Bonnie View & Phil Rds

18 (a) Funeral director Jack Levin Inc

(b) Address 1432 E. Balto St

19 (a) MAR 6 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1942 at 4:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldstein M.D. Medical Examiner.

Date signed 3-6-42

VS 6

89847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

F 89847

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Guilford ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER K. CRAWFORD

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-10-3340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
About 64			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business E. B. Read Co.

FATHER
12. Name George C. Crawford
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Clara Jane Marshall
15. Birthplace Baltimore, Maryland

16 (a) Informant George C. Crawford
(b) Address 2905 Ailsa Avenue

17 (a) Burial (b) Date thereof 3-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Walker Lowe
(b) Address 1219 E. Fort Ave

19 (a) MAR 6 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1942, at 7.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy did that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular

Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-6-42

F 89848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 89848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Loch Raven Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTONIA LAURA LINK

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles Henry Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1875

8. AGE: Years	Months	Days	If less than one day
66	5	16	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Julius Griegoleit
13. Birthplace: Germany

MOTHER
14. Maiden Name: Charlotte Christoleit
15. Birthplace: Germany

16 (a) Informant: Charles H. Link
(b) Address: 3020 Loch Raven Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Maryland

18 (a) Funeral director: Wilhelm & Hoch
(b) Address: 1242 Park Ave

19 (a) MAR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1942 at 2 05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on and from the evidence obtained by Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Apoplexia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Wooden M.D. Medical Examiner.
Date signed 3-6-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 89849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll BALTO
(c) City or town Govans STONELEIGH Post Office
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wardner Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Arold

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Frederick Arold

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 31st 1881

8. AGE: Years 60 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Robinson
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Margaret Tracey
15. Birthplace Parkton Md.

16 (a) Informant Frederick Arold
(b) Address Parkton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sadera-Baptist
Location Falls Rd. - Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 E Pratt St

MAR 6 1942 (Date received) (b) Huntington Will (Registrar) Registrar

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 5 - 1942, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3 - 4 - 1942 to 3 - 5 - 1942, and that I last saw ~~him~~ her alive on 3 - 4 - 1942.

Immediate cause of death Septicaemia — Duration

Due to Acute cellulitis and a thrombophlebitis of

Due to left great toe

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Gabler M. D.
Address University Hosp. Date signed 3-5-42

$9850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 V

Registered No. E 89850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Boarman Avenue.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50. yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Boarman avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1510

3 (a) FULL NAME Harry Talbot Reamy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Addie Lola Reamy
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 8th 1867

8. AGE: Years	Months	Days	If less than one day
74	10	25	hr. min.

9. Birthplace Centreville, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Robert Newton Reamy
13. Birthplace Northumberland Co. Va.

MOTHER
14. Maiden Name Mary Talbot
15. Birthplace Queen Anne Co. Md.

16 (a) Informant Robert L. Reamy
(b) Address 308 E. Belvedere

17 (a) Burial Sept 24 (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery Md
Location —

18 (a) Funeral director Wilbert Co.
(b) Address 1217 E. Fayette St.

19 (a) MAR 6 — 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1942 at 11:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from August 1939 to March 5th 1942 and that I last saw him alive on March 5th 1942.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
Due to Arteriosclerosis	10 yrs
Due to —	
Other Conditions Senility	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. S. Clayton M.D.
Address 6210 York Rd. Date signed March 7 1942

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

M. D. S. 1203-6

89851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 89851

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Payson St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dorsey Wantz

(a) Residence: No. 126 N. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel E. Wantz

6. DATE OF BIRTH (month, day, year) May 18, 1856

7. AGE Years	Months	Days	If LESS than 1 day..hrs. or..min.
85 ~~86~~	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinetmaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Valentine Wantz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elmer J. Wantz

(Address) 126 N. Payson St. Balto. Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Rodgers

Place Mt. Westminster Date MARCH 8, 1942

19. UNDERTAKER H. Bankard & Son

(Address) Westminster, Md.

FILED MAR 6 - 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1942 to March 6, 1942

I last saw h/Mr alive on March 4, 1942 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart failure Due to Hypertensive arteriosclerotic Cardiovascular

Duration of each

Other contributory causes of importance:

Acute Bronchitis + pleurisy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Callens M. D.

(Address) 3321 Fred. Ave

3-6-42

v. s. 3

Information should be carefully prepared, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 89852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-F E 89852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Bolton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Boyd Lipscomb

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23-1875

8. AGE: Years	Months	Days	If less than one day
66	2	12	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Shoe Operator
11. Industry or business Retired

FATHER
12. Name John D. Lipscomb
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Sarah E. Ricketts
15. Birthplace Balto Md.

16 (a) Informant Mrs. Lillie Lipscomb
(b) Address 1730 Bolton St.

17 (a) Burial (b) Date thereof Mar 8 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Cheverly Md.

18 (a) Funeral director Gartrell & Love
(b) Address 1237 N. Charles St.

19 (a) MAR 6 – 1942
(Date rec'd by registrar)

Harrington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to Mar 6 1942
and that I last saw h[illegible] alive on Mar 5 1942

Immediate cause of death
Carcinoma liver & rectum etc

Duration
1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings: Carcinoma liver
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Delaney Thomas M. D.
Address 718 Med. Arts Bldg Date signed 3/6/42

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Answer all questions. Underline the cause to which death should be charged statistically. Do not use abbreviations. Correct age is especially important.

89853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

Registered No. F 89853

PLEASE WRITE PLAINLY, WITH PENCILING. Entries must be made in permanent ink. Use only standard abbreviations. Do not use ditto marks. Be sure to answer each question. If unknown or not applicable, write "unknown" or "N.A." Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 E. 34th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 E. 34th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert C. Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-7566

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie C. Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 2-1879

8. AGE: Years 63 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace: Pemberton, N.J. (Town, county and state)

10. Usual Occupation: Barber

11. Industry or business

FATHER
12. Name: Charles Lewis
13. Birthplace: New Jersey

MOTHER
14. Maiden Name: Susan Folger
15. Birthplace: Pennsylvania

16 (a) Informant: Mrs. Minnie C. Lewis
(b) Address: 825 E. 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 7-1942 (month) (day) (year)
(c) Cemetery or crematory: Pottstown
Location: Pottstown, Pennsylvania

18 (a) Funeral director: Horace F. Burgee
(b) Address: 3631 Falls Road

19 MAR 6 — 19[illegible] (b) [illegible] Huntington Williamsport, Md.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4- 1942 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to March 4 1942 and that I last saw h[illegible] alive on March 4 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 3 days

Due to: Chronic Myocarditis — 2 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. McKee

Address 1331 E. North Ave Date signed M. 3 D. 5-42

E9854
41220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. E 89854

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Carey ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Wiley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/27/42

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace Baltimore, Md (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond Lee Wiley
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna Mae Tyler
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL MAR 6 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAR – 6 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1942 at 3 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942 to Feb. 28 1942 and that I last saw her alive on Feb 28 1942.

Immediate cause of death Premature infant — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ray Pollard
Address J. H. H. Date signed 3-4-42

VS 3

7098

F 89855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 170-4 F 89855

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Merchantville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Browning Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary P. Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edgar A. Barnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1897

8. AGE: Years	Months	Days	If less than one day
44	7	2	hr. min.

9. Birthplace Monroville, N.J. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ellmer Dunham
13. Birthplace N.J.

MOTHER
14. Maiden Name Rose Garrison
15. Birthplace Camden N.J.

16 (a) Informant Edgar Barnes
(b) Address 5315 Browning Road, Merchantville N.J.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory New Jersey
Location Camden, New Jersey

18 (a) Funeral director Lilly and Zeiler Asso.
(b) Address 403 S. Wolfe Street

19 MAR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1942 at 3:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Ruptured Urinary Bladder	
Due to	
Due to Lacerations, bruises & broad burns.	
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-2-42 at 5:25 P M
(c) Where did injury occur? U.S.R. #1 Salem N.J. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - While at work? No (Specify type of place)
(e) Means of injury Passenger, Collision, Auto. Truck

23. Signature Howard J. Meaders M.D. Medical Examiner.
Date signed 3-6-42

VS 6

over

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/54

F 89856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Clement Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Porter (Patricia)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	C

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-1942

8. AGE: Years	Months	Days	If less than one day
			3 hr. 50 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mark H. Porter
13. Birthplace Md.

MOTHER
14. Maiden Name Kathleen Regan
15. Birthplace Kentucky

16 (a) Informant Mark H Porter
(b) Address 3413 Clement

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 6 (day) 42 (year)
(c) Cemetery or crematory Holy Rest
Location Baltimore

18 (a) Funeral director Leonard Rust
(b) Address 3705 Hanover St.

19 (a) MAR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 3-5 1942 and that I last saw h. alive on 3-5 1942.

Immediate cause of death

Prematurity

Due to

26 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Greenfield

Address 3702 Pelham Rd Date signed 3-6-42 (M D Y)

PLEASE WRITE PLAINLY. Use typewriter if available. Fill in all blanks. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

VS 3

F 89857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 89857

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Keene a
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Keene a
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Porter (Twin)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-42

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank H. Porter
13. Birthplace Md

MOTHER
14. Maiden Name Kathleen Ramey
15. Birthplace Kentucky

16 (a) Informant Frank H. Porter
(b) Address 3413 Keene a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Leonard Funeral Home
(b) MAR 6 - 1942 Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 10h M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 3-5 1942 and that I last saw h. alive on 3-5 1942.

Immediate cause of death

Premature

Due to Twin

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Crawford
Address 5407 Belair Rd Date signed 3-6-42

PLEASE WRITE PLAINLY with unfading ink. Items must be answered in full for each case. Do not use abbreviations except where directed. Physicians are required to report in person to the State Department of Health the cause of death for all persons dying without medical attendance, and to state the circumstances concerning the death. Coroners are required to investigate deaths from violence, and to certify the cause of death. Information should be furnished to the undertaker as to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

89858

Dr. W. M. Beck
2727 N. Charles St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 89858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2823 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion L. Grubb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1885

8. AGE: Years 56 Months 2 Days 10 If less than one day hr. min. 4

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Rev. Jas. W. Grubb
13. Birthplace Va.

MOTHER
14. Maiden Name Delma Neal
15. Birthplace Md.

16 (a) Informant Chas. M. Grubb
(b) Address 2823 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Hillsboro
Location Hillsboro, Va.

18 (a) Funeral director C. D. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (Medical record by registrar) MAR 6 — 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4th 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1942 to Mar 4 1942 and that I last saw h alive on Mar 4 1942

Immediate cause of death

~~Duration~~

(a) Chr. Myocarditis — Indefinite

Due to

Other Conditions Chr. Nephritis — Indefinite

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Nathaniel M. Beck M. D.
Address 2727 N. Charles St Date signed Mar 7 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

89859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 89859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 ROSLYN AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15-8

3 (a) FULL NAME MRS. BESSIE K. JULES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife MELVILLE JULES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 13 1887

8. AGE: Years	Months	Days	If less than one day
054	6	21	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name BENJAMIN KATZ
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name LINA COHN
15. Birthplace BALTIMORE

16 (a) Informant MR SYLVAN KATZ
(b) Address 2703 ROSLYN AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location Baltimore County Md

18 (a) Funeral director J. Chas. Linhardt & Son
(b) Address 1 W. Preston St

MAR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 6 1942, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 21 1941, to MARCH 6 1942, and that I last saw h.s.c. alive on MARCH 6 1942.

Immediate cause of death
CARCINOMATOSIS
Due to CA BREAST, LEFT
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 4 MOS

Date of operation 16 NOV 1941
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen T. Delawit, M.D.
Address Union Memorial Hosp. Date signed 3/6/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Any unknown or inapplicable item should be indicated by a dash. Any error or omission in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

89860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 89860 Registered No.

PRESS WHITE PRINCE, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Melville Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B Goetzke

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Christian Goetzke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31st 1890

8. AGE: Years	Months	Days	If less than one day
51	4	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Spearman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E Brown
15. Birthplace Maryland

16 (a) Informant Christian Goetzke
(b) Address 608 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Wilkerson Cook
(b) Address 129 St. Paul St

MAR 7 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1942, at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1942, to 3-6 1942, and that I last saw her alive on 3-6 1942.

	Duration
Immediate cause of death: Cardio-Resp failure	1/2 hr
Due to (metastatic) Carcinoma of lungs	6 mo
Due to Carcinoma of Breast	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rob Clifford M. D.
Address Union Memorial Hosp. Date signed 3/6/42

89861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

E 89861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 S. Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 S. Potomac St
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3 (a) FULL NAME GWILYM DAVID EVANS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Elizabeth Evans
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) May 27 1862

8. AGE: Years	Months	Days	If less than one day
59	9	8	hr. ——— min.

9. Birthplace South Wales, Great Britain (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Retired

FATHER
12. Name John Evans
13. Birthplace England

MOTHER
14. Maiden Name Sarah Morgan
15. Birthplace England

16 (a) Informant Gwilym D Evans
(b) Address 2428 Lyndale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1942 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Baltimore, Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

MAR 7 - 1942 (Date rec'd) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 4 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1942 to March 5 1942, and that I last saw h— alive on March 4 1942

Immediate cause of death	Duration
Hypostatic Cardiac Vascular Disease	
Pneumonia (Terminal)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lenford Hancock M. D.
Address 2579 East Ave Date signed 3/6/42

correct age is especially important. Physicians: please write the cause in plain English language.

F 89862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-6

F 89862 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate. Do not use abbreviations. If the exact information is not known, supply the best possible answer. Any false statement may render the informant liable to prosecution. Fill in all blanks for which you have information. Do not omit any information because you think it unimportant. Physicians: please write the causes of death clearly and legibly. Cause of death may be entered in either English or Latin. Underline the cause to which death should be charged statistically. Please answer all questions. If unknown or not applicable, write "unknown" or "N.A." Do not leave blanks. Be sure that you have answered questions 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster Route #1 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Allen Eugene Myers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 8, 1941

8. AGE: Years	Months	Days	If less than one day
	7	26	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wilson H. Myers
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth Putman
15. Birthplace Md.

16 (a) Informant Father
(b) Address Same
17 (a) Disposal for Burial (Burial, cremation, or removal) (b) Date thereof March 9th 1942 (month) (day) (year)
(c) Cemetery or crematory Brethren Cemetery
Location Pretty Ridge Md.
18 (a) Funeral director W. Little & Son
(b) Address Littlestown, Pa.
19 (a) (Signature of local registrar) (b) Inserting for Williams M.D. Registrar

MAR 1 1942
VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to March 6 1942 and that I last saw him alive on March 6 1942.

Immediate cause of death: Intracerebral Convulsive state — Duration 5 Hrs.
Due to: Acute bronchitis — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Mary E. Hayleck
Address Union Memorial Hosp. Date signed 3/6/42

F 89863

SS 55512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 E

F 89863 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3438 Mt. Pleasant (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry

3 (b) If veteran, name war

3 (c) Social Security Account No. No number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1882

8. AGE: Years	Months	Days	If less than one day
59	9	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Molder

11. Industry or business Unknown

FATHER

12. Name Fredrick

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Sheid

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7th (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Baltimore City

18 (a) Funeral director John Ulrich

(b) Address 2008 Park Ave.

19 (Date rec'd by registrar) MAR 7 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4 1942, at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1940, to 3-4 1942, and that I last saw h[illegible] alive on 3-4 1942

Immediate cause of death Coronary thrombosis ?

Pleural endothelioma

Duration
2
?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rabbitt M. D.

Address Balto. City Hosp. Date signed 3-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 89861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

F 89864
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1260 W. 67th St. Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD L. HEIL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1925

8. AGE: Years	Months	Days	If less than one day
16	6	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation High School Student

11. Industry or business

FATHER
12. Name Charles L. Heil
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Lentz
15. Birthplace Baltimore, Md.

16 (a) Informant Philip E. Heil
(b) Address 3711 Sixth Street

17 (a) Burial (Burial, ~~Cremation, Removal~~) (b) Date thereof March 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel

18 (a) Funeral director Maurice J. Tyler
(b) Address 1222 Light Street

19 (a) MAR 7 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1942, at 8.40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Intern Hemorrhage

Due to Ruptured Spleen

Due to

Other Conditions Fracture Base Brain

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25 5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-6-42 at 6.55A M
(c) Where did injury occur? Church St: 60' W. Glen Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian, struck by Automobile

23. Signature Howard J. Mallett M.D. Medical Examiner.
Date signed 3-6-42

VS 6

correct age is especially important. Physicians: please write the cause of death clearly for registry.

F 89867 ✓ x F 89865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e Registered No.

correct agv is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs +
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 6th Ave. Brooklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Heil

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY. 25. 1887

8. AGE: Years	Months	Days	If less than one day
54 55	3	9 11	hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Lentz
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Emma
15. Birthplace Germany

16 (a) Informant Philip Heil
(b) Address 3711 Fifth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location a' a'

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

19 MAR 7 - 1942 (Date rec'd by registrar) Huntington Willi... M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 194 2, at 10 2m A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest and that said deceased came to her death on the day stated above.

Immediate cause of death: Shock — Duration

Due to: Compound Comminuted Fracture

Due to: both leg bones.

Other Conditions: Multiple lacerations bruises & bruised humerus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 3-6-42 at 6.55 A M

(c) Where did injury occur? Brooklyn (City or town) Anne Arundel (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Park (Specify type of place) While at work? No

(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Andelis M.D.
Medical Examiner.

Date signed 3-6-42

VS 6

F 89866 JN 72123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 F

F 89866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bridget Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	widowed

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	25 26	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Patrick Behegan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Ginnivan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location
18 (a) Funeral director M. J. Flynn
(b) Address 1412 Light St.

19 MAR 7 – 1942 (Date rec'd by registrar) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1942 at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1942 to 3-6 1942.
and that I last saw h~~er~~ alive on 3-6 1942.

Immediate cause of death	Duration
~~Metastatic carcinoma of unknown primary site~~	?
Due to Myocardial infarction	?
Due to Arteriosclerotic heart disease, Coronary thrombosis	?
Other Conditions Benign tumors of liver, spleen & adrenal glands (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathkin M. D.
Address Balto. City Hosp Date signed 3-6-42

PLEASE WRITE PLAINLY; use ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

F 89867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89867 Registered No.

PLEASE WRITE PLAINLY, with pencil or pen. Do not abbreviate. Use ink. Be sure to answer all questions. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ellamont & Presstman Sts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ####
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ellamont & Presstman Sts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Wilhelm

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Widow

6 (b) Name of husband or wife George Wilhelm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1860

8. AGE: Years	Months	Days	If less than one day
81	3	17 21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Christian Weigel
13. Birthplace Germany

MOTHER
14. Maiden Name C. Bider
15. Birthplace Germany

16 (a) Informant Robert L. Wilhelm
(b) Address Elamont & Presstman Sts.

17 (a) Burial (b) Date thereof March 9, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (Date received by registrar) MAR 7 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to March 5 1942 and that I last saw h[illegible] alive on March 5 1942.

Immediate cause of death Acute Cardiac Dilatation — Duration 2 days

Due to Chronic Myocarditis + Generalized Arteriosclerosis — 3 yrs. Supp.

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael A. Abrams M.D.
Address 1361 Eutaw Place Date signed March 6

VS 3

F 89868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 89868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-D-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Glyndon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander J. Maranskas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-2271

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Julia Maranskas
(b) Address 1347 Glyndon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaznaska Sons
(b) Address 602 W. Lafayette Blvd

19 (Date rec'd by registrar) MAR 7 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5- 1942 at 8.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions Fracture ribs, multiple - lacerations, bruises & bruises (Include pregnancy within 3 months of death)	hours

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-5-42 at 8.22 P. M
(c) Where did injury occur? Loney St. & Glyndon Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian, struck by B. T. Co. Bus

23. Signature Howard J. Mahoney M.D. Medical Examiner.
Date signed 3-6-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 478
(b) Street address 4078 Cummings Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4078 Cummings Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Copper
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Ella B.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 7, 1875
8. AGE: Years 67 Months 0 Days 27 If less than one day hr. min. 3
9. Birthplace Eastern Md (Town, county, and state)
10. Usual Occupation W.P.A.
11. Industry or business

FATHER
12. Name William Copper
13. Birthplace Maryland

MOTHER
14. Maiden Name Lidet Johnson
15. Birthplace Maryland

16 (a) Informant Ella B. Copper
(b) Address 479 Cummings Court
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.
18 (a) Funeral director Mrs. Louis A. Holland
(b) Address 16 Bl Edmund Hill Ave.
MAR 7 - 1942 (b)
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 19 42 at 2:40 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sandkuhl M.D. Medical Examiner
Date signed 3/5/42

VS 6

e is especially important. Physicians: please write the cause of death clearly and legibly.

412552 F 89870 ✓ × F 89870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 760 Carson Ave., Colgate
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dwight Van Buskirk

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-41

8. AGE: Years	Months	Days	If less than one day
	2	6	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Van Buskirk
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret Moser
15. Birthplace Pa.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-7-42 (month) (day) (year)
(c) Cemetery or crematory Scranton
Location Penna.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. East Balto

19 (Date rec'd by registrar) MAR 7 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942, to March 6 1942, and that I last saw h[illegible] alive on March 6 1942.

Immediate cause of death	Duration
Pneumococcic Meningitis Type 19	3 days
Due to	
Due to	
Other Conditions Peritonitis Bacteremia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Meningitis & Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy P. Clark
Address J.H.H. Date signed 3-6-42 M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 89871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address EDGEWOOD NURSING HOME
(c) Hospital or institution:
6000 BELLONA AVE
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME CHARLES A. GORSUCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED.

6 (b) Name of husband or wife MOLLIE GORSUCH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29-1862

8. AGE: Years	Months	Days	If less than one day
79	4	6 13	hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name LEWIS GORSUCH
13. Birthplace Carroll Co. MD.

MOTHER
14. Maiden Name ELVIRA BARNES.
15. Birthplace Carroll Co. MD.

16 (a) Informant MISS NELLIE M. GORSUCH
(b) Address OWINGS MILLS MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-42 (month) (day) (year)
(c) Cemetery or crematory MT OLIVET
Location Balto Co.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md.

19 (a) (b) Huntington Williams, M.D.

MAR 7 1942

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6th 1942 at 11.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942 to Mch. 6th 1942 and that I last saw him alive on Mch. 6th 1942.

Immediate cause of death	Duration
Chronic myocarditis	1 yr.
Due to Hypertension.	10 yrs.
Due to Art. Sclerosis	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James P. Miller M.D.
Address Pikesville, Md. Date signed 3/7/42

F 89872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 89872 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. If unknown or not applicable, write the word. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4706 Frankford Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4706 Frankford Ave
(If rural, give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore J. Probst.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 220-05-3807

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna K Hoffman Probst.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 4, 1875
8. AGE: Years 66 Months 6 Days 1 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Worked.

FATHER
12. Name Richard Probst.
13. Birthplace Germany

MOTHER
14. Maiden Name Anna A Kramer
15. Birthplace Germany

16 (a) Informant Mrs Anna K Probst
(b) Address 4706 Frankford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location 4530 Belair Road
18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E Eager St
19 (a) MAR 7 - 1942 (Date rec'd by registrar) (b) Registrar Wilmington M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 5th, 1942, at 2:34 M
21. I certify that death occurred on the date above stated; that I attended deceased from February 1941 to March 5 1942 and that I last saw him alive on March 5 1942.

Immediate cause of death: Coronary thrombosis — Duration
Due to
Due to
Other Conditions: Chronic Myocarditis, Acute Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mueller
Address 1912 E. North Ave. Date signed 3/6/42

VS 3

F 89873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 89873

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 71

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Washington Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Claude Willoughby Riddell

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Margaret Riddell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1861

8. AGE: Years	Months	Days	If less than one day
74	3	4	hr. min.

9. Birthplace Virginia
(City, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business Clothing

FATHER — 12. Name	William C. Riddell
FATHER — 13. Birthplace	Virginia
MOTHER — 14. Maiden Name	Frances Bowers
MOTHER — 15. Birthplace	Virginia

16 (a) Informant Jane M^c Kenna
(b) Address 718 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.

18 (a) Funeral director Leander D. Carnaghan
(b) Address 21 W. 25th St. Baltimore, Md.

19 MAR 7 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5/42 19 .. at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1938 to 3/5 1942 and that I last saw h[illegible] alive on 3/5 1942

Immediate cause of death: Acute Cardiac Failure — Duration 1 da
Due to: Cerebral Vascular Renal Disease — 4 yr
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph T. Lankenau
Address 718 Washington Blvd Date signed 3/7/42

VS 3

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89874

F 89874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BEN SCOTT

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Helen Humphries

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1891

8. AGE: Years 50 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Greensboro, Alabama (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Ben Scott.
13. Birthplace Alabama

MOTHER
14. Maiden Name Sally Carter
15. Birthplace Alabama

16 (a) Informant RECORDS-US MARINE HOSPITAL.
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Daniel H. Brown & Son
(b) Address 1947 Montgomery St.

19 (a) MAR 7 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942, at 8:40a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1942, to Mar. 5, 1942, and that I last saw him alive on Mar. 5, 1942.

	Duration
Immediate cause of death Thrombophlebitis of left leg	1 week
Due to Rheumatic myocarditis	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/6/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

F 89875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 89875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Warner St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-1899

8. AGE: Years	Months	Days	If less than one day
42	8 9	9 19	hr. min.

9. Birthplace S. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Willie Davis
13. Birthplace S. C

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Hattie Jones
(b) Address 1015 Warner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1020 Montgomery St

19 MAR 7-1942 (Date rec'd by registrar) (b) Huntington Whitacre, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1942 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 3-7-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176 F 89876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 13, Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114, 11th Ave., Brooklyn Park (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Appleson, Doris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Aubrey Lee Appleson 25
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1923

8. AGE: Years	Months	Days	If less than one day
18	5	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Arthur Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Esther Eaton
15. Birthplace Md.

16 (a) Informant Aubrey L. Appleson
(b) Address 114 - 9th ave. Brooklyn Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem. Park
Location Ritchie Highway

18 (a) Funeral director Clarence J. Hoffmann
(b) Address 1639 N. Broadway

19 MAR 7 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1942, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to March 5 1942, and that I last saw her alive on March 5 1942.

Immediate cause of death	Duration
Post partum hemorrhage	
Due to uterine inertia	
Due to	
Other Conditions Pregnancy at term. Delivered (Include pregnancy within 3 months of death)	over

Date of operation March 5, 1942
Major findings of operation:
Twins born dead
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 300 Shannon Drive Date signed 3-6-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 1

F 89877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-7-29
(e) Length of stay in Baltimore (yrs., mos., or days) 4-7-29

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 564 W. 149th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B. McKevitt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1903

8. AGE: Years	Months	Days	If less than one day
38	6	23	hr. min.

9. Birthplace Seneca Falls N.Y. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Charles McKevitt
13. Birthplace Seneca Falls N.Y.

MOTHER
14. Maiden Name Anne J. Carpenter
15. Birthplace Seneca Falls N.Y.

16 (a) Informant Mrs Hope Records
(b) Address 6420 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-42 (month) (day) (year)
(c) Cemetery or crematory Seneca Falls
Location New York.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOOLDEN SUC.) 150 W. NORTH AVENUE

19 MAR 7 - 1942 (Date received by registrar) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1937 to Mar 7 1942, and that I last saw him alive on Mar. 7 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 mo
Due to	
Due to	
Other Conditions Dementia Praecox	4 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dennis P. Gray M. D.
Address 3326 Fredonia Ave. Baltimore (Signed)

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

F 89878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-D

F 89878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily Wallace Gould

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1858/1861

8. AGE: Years	Months	Days	If less than one day
61 ~~64~~	--	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired U. S. Govt.

11. Industry or business

FATHER
12. Name Wm. Wallace Gould
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Dunsford
15. Birthplace Balto. Md.

16 (a) Informant Beryl M. Gould
(b) Address 1731 Bolton St.

17 (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 MAR 7 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941 to March 5 1942, and that I last saw h[er] alive on March 5 1942

Immediate cause of death Intestinal Obstructions — Duration 4 days.

Due to Metastasis

Due to Sarcoma of Antrum — 8 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 4 1942

Major findings of operation: Biopsy - Sarcoma of Antrum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Culbertson M.D.
Address 1901 Eutaw Place Date signed 3/6/42

VS 8

correct age is especially important. Physicians: please write the cause, or cause and sequence, legibly.

F 89879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 89879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 N. Braodway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY WILLIAM BRAUN

3 (b) If veteran, name war no

3 (c) Social Security Account No. 219-18-8883

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie Donovan

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) July.29.1868

8. AGE: Years 73 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER
12. Name Conrad Braun
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Katherine Heinzerling
15. Birthplace Germany

16 (a) Informant Mrs. Jennie Donovan Braun
(b) Address 1733 N. Broadway.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar. 7. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Balto. County Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAR 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4. 1942 10.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1941, to Mar 4 1942, and that I last saw [deceased] alive on Mar 4 1942.

	Duration
Immediate cause of death: Pulmonary edema	
Due to: Hypertensive arterio-sclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Barnaby
Address 1531 E North Ave Date signed 3/6/42

VS 8

Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

89880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 89880

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Ensor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willis Patton

If U. S. Veteran specify WAR

(a) Residence: No. 1019 Ensor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie Patton

6. DATE OF BIRTH (month, day, year) 5/8/69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Cleveland Patton

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Martha Harris

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Goldie Baker

(Address) 1019 Ensor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 3/7/42 19

19. UNDERTAKER Robert L Williams

(Address) 1515 McCulloh St

MAR 7 — 1942 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2/42 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1942 to March 2 1942

I last saw him alive on Mar 2 1942 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/1/42

Cardiac Decompensation

Hypertension

Other contributory causes of importance:

Senility + Debility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allen L Lefferd M. D.

(Address) 822 N. Bond St

State CAUSE OF DEATH IN PLAIN TERMS. DO NOT USE MERELY TERMS OF MODE OF DYING, OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 89881

JN 72037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 89881

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 wks

(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 2135 E. Oliver St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country:

3 (a) FULL NAME: Mary E. Daley

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 14, 1875

8. AGE: Years	Months	Days	If less than one day
66	4	22	hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: ?

11. Industry or business:

FATHER

12. Name: John Stevens

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Mary Gordon

15. Birthplace: Ireland

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date: Mar 9 - 1942 (month) (day) (year)

(c) Cemetery or crematory: St Peters Cemetery

Location: Baltimore Md

18 (a) Funeral director: Frank H. Leaf

(b) Address: 1126 N. 36 St.

19 (a) MAR 7 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-6 1942, at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942, to 3-6 1942, and that I last saw h[illegible] alive on 3-6 1942.

Immediate cause of death: Cardiac Failure

Due to: Intestinal Obstruction

Due to: Arteriosclerotic C-V Disease

Due to: ? Carcinoma of Colon

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 2-23-42

Major findings of operation: Cancer Sigmoid

of autopsy:

Duration
2 wks
2 wks
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: Howard B Neff M. D.

Address: Balto City Hosp Date signed: 3-6-42

Please write plainly, with pen and ink, and do not fail to answer every question. Be sure to give the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 88882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 88882

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Spaulding Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Spaulding Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret W. Walther

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Walther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1870

8. AGE: Years	Months	Days	If less than one day
71	11	17 15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name William Hyson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Meyers
15. Birthplace Baltimore, Md.

16 (a) Informant Harry Walther
(b) Address 3615 Spaulding Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director D. Howard Strong
(b) Address 715 Light St.,

19 (a) (b) Registrar

MAR 7 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942 at 10.03 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1941 to Mar 5 1942 and that I last saw h[illegible] alive on Mar 5 1942

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to Starvation	
Due to Primary Carcinoma of Stomach	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3615 Woodland Date signed 3/6/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89883 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Same
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Bruening

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Matilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7, 1872

8. AGE: Years	Months	Days	If less than one day
69	2	29	hr. min.

9. Birthplace Pittsburg, Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Architect

FATHER
12. Name Joseph Bruen
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Kropff
15. Birthplace Germany

16 (a) Informant ?
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAR 7 - 1942 (Date rec'd by Reg.) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/42 19 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22 19 41 to Mar 6 19 42, and that I last saw h alive on Mar 4 19 42

Immediate cause of death	Duration
Coronary Occlusion	2 days
Due to Arterial Sclerosis	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Moore M. D.
Address 1 E. Lexington St. Date signed 3-7-42

correct age is especially important. Physicians, please write plainly, using ink.

VS 2

F 89884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Abell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Abell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM WEBSTER MARSDEN

3 (b) If veteran, name war: **

3 (c) Social Security Account No. **

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ***

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1852

8. AGE: Years	Months	Days	If less than one day
89	4	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John H. Marsden
13. Birthplace England

MOTHER
14. Maiden Name Eliza Elton
15. Birthplace England

16 (a) Informant Mr. Albert Burns
(b) Address 3912 Juniper Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) (Date rec'd by registrar) (b) Registrar
MAR 7 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1942 at 4 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to March 6 1942 and that I last saw him alive on March 5 1942.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to age	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Burns M. D.
Address 612 W 40 St Date signed

correct age is especially important. Physicians: please write one cause of death only on each line.

Mrs. Brooks

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89885 Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:
Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME AUGUSTA D. BROOKS

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Harry J. Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1858

8. AGE: Years	Months	Days	If less than one day
84	2	2	hr. min.

9. Birthplace Long Green Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Fielding
13. Birthplace England

MOTHER
14. Maiden Name Barbara Fielding
15. Birthplace Ireland

16 (a) Informant Mrs. Katherine Chapman
(b) Address 2647 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto Md

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) MAR 7 - 1942 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/42 19 , at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/42 19 , to 3/6/42 19 , and that I last saw h[illegible] alive on 3/5/42 19 .

Immediate cause of death
Cardiac Renal
Vascular disease

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Wheeler M.D.
Address 4009 York Rd Date signed 3/6/42

VS 3

Contact with or exposure to communicable disease during illness

F 89886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

F 89886

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Dukeland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Dukeland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jane Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 187[illegible]

8. AGE: Years	Months	Days	If less than one day
71	11	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Webster
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Amanda Rice
15. Birthplace Baltimore Md

16 (a) Informant Wilson Davis
(b) Address 2831 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9, 1942 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Verna Keehner
(b) Address 2301 Edmondson Ave

19 (a) [illegible] (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MAR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 10 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1941 to 3-5 1942 and that I last saw h[illegible] alive on 3-5 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry C. Grindell
Address 2703 Edmondson Ave Date signed 3-6-42 M. D.

411775 F 89887

F 89887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 MADISON Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel SAMMY Lee STEWARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-30-41

8. AGE: Years	Months	Days	If less than one day
	5	6	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph STEWARD
13. Birthplace N.C

MOTHER
14. Maiden Name Hattie WILLIAMS
15. Birthplace NC

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 7 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location B. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 412 E. Preston St

19 (a) MAR 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 6 1942 at 545 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to MAR 6 1942 and that I last saw him alive on MAR 6 1942.

Immediate cause of death Tuberculous Meningitis — Duration 28 days

Due to

Due to

Other Conditions, Miliary Tuberculosis + Otitis Media Rt.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibler M. D.
Address Johns Hopkins Date signed 3/6/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

89888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-4 F 89888

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
Florence Nightengale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. E. Main St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Houck Hann

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widowed

6 (b) Name of husband or wife Jacob W. Hann
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1st 1872

8. AGE: Years	Months	Days	If less than one day
69	4	4	hr. min.

9. Birthplace Englesburg Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name John R. Houck
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mrs. Esther Brown
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9 42 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem.
Location Rural Rt. Westminster Md.

18 (a) Funeral director J. E. Myers Jr.
(b) Address Westminster, Md.

19 (a) MAR 7 - 1942 (Date this day registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 7.35 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1942, to March 7 1942, and that I last saw her alive on March 5 1942.

Immediate cause of death Cardio-Renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. M. Fuhrman
Address 1324 Reisterstown Rd. Date signed 3/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

89889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89889
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Hull St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Hull St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert G. Schuman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Nellie Ferguson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-1884

8. AGE: Years	Months	Days	If less than one day
57	3 4	24	hr. min.

9. Birthplace Balto. (town, county, and state)
10. Usual Occupation Ship Carpenter
11. Industry or business

MOTHER / FATHER
12. Name Geo. W.
13. Birthplace Balto.
14. Maiden Name Rose Schultz
15. Birthplace Balto.

16 (a) Informant Mrs. Nellie Schuman
(b) Address 1413 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Ad Frederick Ave.

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave.

19 MAR 7 1942 (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Febr 12 1942 to March 6 1942 and that I last saw him alive on March 5 1942.

Immediate cause of death: Lobar pneumonia. — Duration

Due to

Due to

Other Conditions Pulmonary Oedema.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Schuman
Address 1307 S. Charles St. Date signed 3/15/42

VS 1

F 89890 + F 89890 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1758

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's.
(c) City or town Pearson.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Annie Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1913

8. AGE: Years 29 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farm help.

11. Industry or business

FATHER
12. Name Robert
13. Birthplace Md.

MOTHER
14. Maiden Name Cecila Canstney
15. Birthplace Md.

16 (a) Informant Annie Taylor
(b) Address Pearson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/42 (month) (day) (year)
(c) Cemetery or crematory
Location Leonardtown, Md

18 (a) Funeral director P B Robinson
(b) Address Leonardtown, Md.

19 (a) MAR 8 - 1942 (Date received by registrar) Huntington Willenbrock, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 8 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, dislocation sixth cervical vertebra

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 7, 1942 at M
(c) Where did injury occur? Pearson, St. Mary's County (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm (Specify type of place) While at work? Yes
(e) Means of injury struck by bull in barn

23. Signature H. L. Wollenweber M.D.
Coast Medical Examiner.
Date signed 3-7-42

VS 6

F 89891 David S Peugh F 89891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED: Balto
(a) State Md. (b) County Howard.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harold S. Peugh

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Katherine Peugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1854

8. AGE: Years 88 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Noah Peugh
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Duvall
15. Birthplace Maryland

16 (a) Informant R. R. Peugh
(b) Address Symphasville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Poplar Springs
Location Poplar Springs, Howard Co. Md.

18 (a) Funeral director E. M. Watts
(b) Address Woodbine Md

19 (a) MAR 8 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 6 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1942 to March 5 1942 and that I last saw h[illegible] alive on March 5 1942.

Immediate cause of death: Circulatory failure — Duration 2 days
Due to Arteriosclerotic C V D
Due to Senility
Other Conditions Bronchopneumonia — 12 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Sherman M. D.
Address Date signed

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

VS 2

F 89892 F 89892

BALTIMORE CITY HEALTH DEPARTMENT

SS 28904 CERTIFICATE OF DEATH 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 W. 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Campbell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1861

8. AGE: Years	Months	Days	If less than one day
80	6	6	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Vincent
13. Birthplace West Virginia

MOTHER
14. Maiden Name Jane
15. Birthplace West Virginia

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (month) (day) (year)
(c) Cemetery Edgewood
Location Charles Town W. Va.

18 (a) Funeral director William Cook
(b) Address 127 E. Pratt St.

19 (a) MAR 8 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1942 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1937 to 3-7 1942, and that I last saw him alive on 3-7 1942.

Immediate cause of death	Duration
Cardiac Failure	3 days
Due to Arteriosclerotic C-V Disease	?
Due to	
Other Conditions Significant Factors (Include pregnancy within 3 months of death)	6 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type)
(e) Means of injury

23. Signature Donald B Hett
Address Balt City Hosp Date signed 3-7-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 89893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

F 89893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item of information. Information must be complete as possible. Every question must be answered or the fact that the information cannot be obtained must be stated. Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Lucille Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Lucille Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Rev. Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Bernard Boone
13. Birthplace Russia

MOTHER
14. Maiden Name Leah ?
15. Birthplace Russia

16 (a) Informant Mrs Anna Berlin
(b) Address 3626 Lucille Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

MAR 8 (Date) 1942 (b) Huntington Willis Registrar

MEDICAL CERTIFICATION 1.10

20. DATE OF DEATH March 7, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 to March 7 1942 and that I last saw h alive on March 6 1942.

Immediate cause of death: Myocardial insufficiency — Duration 2 weeks
Due to: Arteriosclerosis Chronic Nephritis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney L. Levy
Address 2322 Eastern Ave (Date signed) 3/7/42

F 89894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 89894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information under each item is necessary. Please see that your answer to each question is complete and correct. Do not omit any item or make any entry "unknown" unless every effort has been made to obtain the information required. Please see that the age is correct; age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 33 1/3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 Linden Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country Prussia

3 (a) FULL NAME Ida Meremsky

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Russia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years 94 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Mirza Kunitz
13. Birthplace Russia

MOTHER 14. Maiden Name Rachel Kunitz
15. Birthplace Russia

16 (a) Informant Isadore Kunitz
(b) Address 2436 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Mount Carmel Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 8 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to March 7 1942, and that I last saw her alive on March 1 1942.

Immediate cause of death: Diabetes Mellitus — Duration 8 years
Due to
Due to
Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Pinkussohn M. D.
Address 2338 Eutaw Pl Date signed Mar 7-42

F 89895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-D Registered No.

F 89895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John Street
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(d) Street No. Blackstone Apts (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Irene T. Reaney

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-07-2968

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 2nd 1904

8. AGE: Years 37 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Stenographer
11. Industry or business Monumental Life Ins Co

FATHER
12. Name Alexander P. Reaney
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Virginia L. Blake
15. Birthplace Va.

16 (a) Informant T. K. Lowrey
(b) Address Monumental Life Ins Co.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Balto Co Md

18 (a) Funeral director Williams Bros
(b) Address 1217 St. Paul St

19 (a) MAR 8 - 1942 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1942 to Mar 6 1942 and that I last saw her alive on Mar 6 1942

Immediate cause of death: Internal Hemorrhage — Duration: 2 hrs.
Due to: Portal Cirrhosis of the Liver — 1 yr.
Due to: — Done
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy Portal Cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Woman's Hosp Date signed 3/7/42

VS 3

Please write plainly, with pen and ink. Do not use pencil. Do not fold. Do not write outside the lines. Be sure that every item is correct and complete. Physicians: please write the causes of death clearly and legibly. Any certificate which is not clear and complete will be returned for correction. The cause of death as entered by the physician is especially important.

F 89896

RC(71187)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147-c

F 89896 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. Be sure and answer each question. Where there is no entry to be made, write "None," "Not Applicable," or "Unknown," as the case may be. Please see that your answers are full and complete and that the information given is accurate and correct. Particular attention is directed to the items marked with an asterisk (*). Information regarding these items is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 N. Lombard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Whalen

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-18-8811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Moulder
11. Industry or business Maryland Brass Works

FATHER
12. Name James V. Whalen
13. Birthplace Ireland

MOTHER
14. Maiden Name Nellie L. Mitchell
15. Birthplace Baltimore, Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, ~~cremation~~, removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Peters
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St.

MAR 8 1942 (Date received by local registrar) Huntington Williams, M.D. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1942, at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 3-6 1942, and that I last saw h~~e~~im alive on 3-6 1942.

Immediate cause of death: Bronchogenic carcinoma — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3-1-42
Major findings of operation: Metastatic carcinoma in thyroid gland
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun, M. D.
Address Balto City Hosp Date signed 3-6-42

F 89897 BALTIMORE CITY HEALTH DEPARTMENT F 89897

CERTIFICATE OF DEATH 186 – Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Falls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Falls Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Lusby

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 9th 1873

8. AGE: Years 68 | Months 6 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Md.
(Town, county, state or foreign country)
10. Usual Occupation Retired Clerk
11. Industry or business Brigham Hyg Kins Co.

FATHER
12. Name Samuel N. Lusby
13. Birthplace Md.

MOTHER
14. Maiden Name Georgianna Chaney
15. Birthplace Md.

16 (a) Informant Mary H. Marsden
(b) Address 4304 Grand View Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 9 1942 (b) Hunting[illegible] Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6th 1942 at 8:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1942 to March 6 1942 and that I last saw her alive on March 5 1942.

Immediate cause of death Chronic Myocarditis with auricular fibrillation. Duration 8 years 5 days
Due to Cardiac failure from Senility
Due to Was fall March 2. 1942 no fractures but numerous scalp bruises
Other Conditions face, breast chest and arms on left side of body
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: no
of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 2. 1942 at 6 P. M
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell in getting out of bed

23. Signature M. Gibson Porter
Address 4822 Roland Ave Date signed 3/7/42

Dr J Wollenweber MD Asst Medical Examiner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89898 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Schussler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Geo. Schussler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. - 1854

8. AGE: Years	Months	Days	If less than one day
87	4		hr. min.

9. Birthplace York Penna. (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Adam ~~Horn~~ Horn
13. Birthplace Penna.

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Penna.

16 (a) Informant Mr. John Schussler
(b) Address 1920 Orleans st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

19 (a) (Date received by registrar) MAR 8 = 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1942 to Mar. 6 1942 and that I last saw h[illegible] alive on Mar. 6 1942

Immediate cause of death — Duration

Due to Broncho. Pneumonia — 4 days.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Schussler
Address 2348 Eutaw Pl. Date signed M. 3 D. 7/42

F 89899 Lapouraille ✓ Lapouraille F 89899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Sign name as informant. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilbert & Fenwick Rds
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos. 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 - Grinder Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara A. Lapouraille ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1859

8. AGE: Years	Months	Days	If less than one day
82	5	7	hr. min.

9. Birthplace Baltimore, Md (City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Alfred Peter Lapouraille
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Grass
15. Birthplace Baltimore, Md

16 (a) Informant Home for Incurable Records
(b) Address Hilbert & Fenwick Rds.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 (month) (day) (year)
(c) Cemetery or crematory Our Cathedral
Location Edmondson Ave Balto Md

18 (a) Funeral director George J. Toth & Son
(b) Address 1234 Harford Ave

19 MAR 8 - 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1941 to March 7 1942 and that I last saw him alive on March 7 1942.

Immediate cause of death	Duration
Lobar Pneumonia	1 day
Due to	
Due to Arterio Sclerosis	25 years
Other Conditions Hypertensive Disease	several years
Fracture of L. hip, ununited (1942)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Revell M.D.
Address 11 E. Chase St. Baltimore Md Date signed 3-9-42

F 89900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 89900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Parkton, Md. (If outside city or town limits, write RURAL and give town.)
(d) Street No. 33 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Columbus Tracey

3 (b) If veteran, name war	3 (c) Social Security Account No.
V	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If living, give age
Male	W	Married	Lucy J. Tracey	56 years

7. Birth date of deceased (mo., day, yr.) Nov 11-1881

8. AGE: Years	Months	Days	If less than one day
60	3	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business own farm

FATHER
12. Name Jacob Tracey
13. Birthplace Md

MOTHER
14. Maiden Name Martha Eggbin
15. Birthplace Md

16 (a) Informant Walter Tracey
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Co

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

19 (a) MAR 8 - 1942 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 11:A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1942 to Mar. 7 1942 and that I last saw him alive on Mar. 7 1942

Immediate cause of death: Congestive Ht. failure. — Duration

Due to Arteriosclerosis & hypertrophy

Due to

Other Conditions Thyroid disease over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: [redacted]

of autopsy: [redacted]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R Longhurst M.D.
Address Mt. Gen Hosp Date signed 3/7/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give full name of deceased. Fill in all blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 89901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89901 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. High St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER REIS WILLIAMS (Cook)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1900

8. AGE: Years 42 | Months – | Days 8 9 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation –

11. Industry or business –

FATHER 12. Name Adam Cook

13. Birthplace Scotland

MOTHER 14. Maiden Name Belle Williams

15. Birthplace Pa.

16 (a) Informant Chas. A. Mc. Cormick

(b) Address Connellsville Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/42 (month) (day) (year)

(c) Cemetery or crematory Connellsville Pa.

Location

18 (a) Funeral director Geo. W. Little

(b) Address 2700 Edmondson Ave.

19 (a) Filed MAR 9 – 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1942 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said – (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.
Date signed 3-7-42

VS 6

F 89902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7 Registered No. F 89902

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete. Fill in all blanks, or state NONE, so as to make a complete record. Please report any error or omission to the Registrar. Information as to personal particulars must be obtained from the best available person. Be sure that the cause of death is stated so that it can be understood, and that the statement of the time in which each disease caused death, and the duration of each, are correct as far as is consistent with the best knowledge and belief of the undersigned. Carefully read the directions for filling out each item. Underlining and abbreviations should be avoided. Ditto marks must not be used. Write the cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joanna Lorden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1869

8. AGE: Years	Months	Days	If less than one day
72	7	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business Drug Co.

FATHER
12. Name John Lorden
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Lorden
15. Birthplace Ireland

16 (a) Informant Mrs. Ella Amon
(b) Address 1811 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

MAR 8 – 1942 (b)
(Date rec'd by Registrar) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 6/42 at M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/26/42 to Mch 6/42, 19, and that I last saw h[illegible] alive on Mch 3/42. The principal cause of death and related conditions giving rise to the immediate cause (a), (b), and (c), and sequentially list conditions, if any, leading to the cause stated. Enter the underlying cause last.

	Duration
(a) Cerebral hemorrhage	2 days
Due to (b) Arteriosclerosis	9 yrs
Due to (c) Cystitis & Pneumonia	Probable
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Hench M.D.
Address 15 W. Mount Vernon Pl. Date signed 3/7/42

F 89903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

Registered No. F 89903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Kingsport (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN M. PRICE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 34 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary Price
(b) Address Kingsport Tenn Route (2)

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 9-42 (month) (day) (year)

(c) Cemetery or crematory Kingsport Tenn
Location Tenn

18 (a) Funeral director Wm Cook
(b) Address 121 E Park St

(a) Received (b) 1942 (Registrar) By [illegible] Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 3 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Laceration femoral artery & thigh — Duration

Due to: Fracture of left femur

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Co
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-7-42 at 3 15 M
(c) Where did injury occur? Washington Blvd near Waterloo (Specific place) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Collision of auto Car & truck

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 3-7-42

correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

F 89904

JN 62268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-B

F 89904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 561 Laurens Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Peter Lawther

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1873

8. AGE: Years	Months	Days	If less than one day
68	7	4	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation W.P.A.
11. Industry or business

FATHER
12. Name William
13. Birthplace North Carolina

MOTHER
14. Maiden Name Adaline Sawyer
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 10-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Samuel J. Chase Funeral Home

18 (a) Funeral director 638 N. Gilmor St
(b) Address

19 (a) MAR 8 1942 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1942, at 3 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1940 to 3-7 1942 and that I last saw h alive on 3-7 1942

Immediate cause of death: Bronchopneumonia — Duration 2 days
Due to Cerebral thrombosis — ?
Due to Gen'l. arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cardiac

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-9-42

VS 8

WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

F 89903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89903

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Give exact age in years, months, days, hours or minutes. Do not use abbreviations. Do not leave any blanks. Be sure to answer every question. Be sure to give the correct age in each case. Physicians are especially requested to make the medical certification complete and accurate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Orleans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Orleans (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Davenport

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Taylor Davenport
6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 6/8/1862.

8. AGE: Years: 39 | Months: 8 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Greenville N.C.
10. Usual Occupation: Domestic
11. Industry or business: Housewife.

FATHER
12. Name: Jeff Brown
13. Birthplace: Greenville N.C.

MOTHER
14. Maiden Name: Emma Brown
15. Birthplace: N.C.

16 (a) Informant: Taylor Davenport
(b) Address: 1438 Orleans St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Mch 9-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: a. a. Co.

18 (a) Funeral director: Sam'l R. Chase Fun
(b) Address: 638 N. Gilmor St

19 (a) A.D. filed by registrant (b) Registrar

MAR 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5, 1942, to 3/5, 1942, and that I last saw h.&r. alive on 3/5, 1942.

Immediate cause of death: a. Cystic Endocarditis.
Duration: 5 days

Due to: b. Interstitial Nephritis
Duration: 2 mo.

Due to: c. Hypertension
Duration: 7 mo.

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. J. Grayson
Address: 525 N. Arlington Ave Date signed: 3/6/42

Huntington Williams, M.D.

F 89906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 89906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, so state. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 E. PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 E. PRATT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY E. KENNEDY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	219 01 3592

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MOLLIE E. KENNEDY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 23 1872

8. AGE: Years	Months	Days	If less than one day
69	2	12 10	hr. min.

9. Birthplace HARFORD CO. MD. (Town, county, and state)
10. Usual Occupation RETIRED CARPENTER
11. Industry or business

FATHER
12. Name JOHN T. KENNEDY
13. Birthplace HARFORD CO. MD.

MOTHER
14. Maiden Name MARGARET FOULK
15. Birthplace BALTO. MD.

16 (a) Informant MOLLIE E. KENNEDY (WIFE)
(b) Address 3706 E. PRATT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 8/42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 MAR 8 - 1942 (Date filed by registrar) [illegible] Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH MAR. 5 1942 at 8/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Mar 5 1942 and that I last saw him alive on Mar 3 1942.

Immediate cause of death	Duration
Carcinoma of stomach.	?
Due to	
Due to	
Other Conditions Cardio-vascular failure (Include pregnancy within 3 months of death)	3 mos.
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Faust Di Pauta
Address 232 S. Conkling Date signed 3/6/42

VS 3

F 89907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 89907

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1932 Aliceanna st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 Aliceanna st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Apolonia (Pauline) Kaniecka or Apolonia Dziadowicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1876

8. AGE: Years 66 | Months - | Days 26 | If less than one day hr. min.

9. Birthplace Poland.
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland.

MOTHER
14. Maiden Name unknown
15. Birthplace Poland.

16 (a) Informant Mrs. Mamie Koch
(b) Address 1932 Aliceanna st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location German Hill Road.

18 (a) Funeral director Stefan J. Frankowski Inc.
(b) Address 1000 N. Kenwood Ave.

19 (a) MAR 8 – 1942 Huntington, Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1942 to March 5 1942, and that I last saw her alive on March 5 1942.

Immediate cause of death: Acute dilatation of heart — Duration
Due to: Chronic myocarditis
Due to:
Other Conditions: Chronic nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hiram Tyred
Address #316 Med. Arts Bldg. Date signed 5/3/42

VS 3

F 89908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 89908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JENNIE RIEHL (Virginia Riehl)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife x
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1, 1872

8. AGE: Years	Months	Days	If less than one day
69	4	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James L. Riehl
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Emrish
15. Birthplace Maryland

16 (a) Informant Miss Lillian Riehl
(b) Address 3219 Brightwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 (a) (Date received by registrar) (b) Registrar

MAR 8 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 1942 to March 7, 1942 and that I last saw h[illegible] alive on March 7, 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days
Due to: Hypertension & C. V. D.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Zeiler
Address Sinai Hospital Date signed March 7, 1942

correct age is especially important. Physicians: please write the cause of death very plainly.

F 89909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-F 89909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 N. Fremont Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Fremont Av. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

1725

3 (a) FULL NAME James Lawson Smith.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel Valerie Smith

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) October 19th 1900

8. AGE: Years 41 | Months 4 | Days 17 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Chiropodist

11. Industry or business

FATHER — 12. Name James Ruben Smith
13. Birthplace Virginia

MOTHER — 14. Maiden Name Pinky Nelson
15. Birthplace Virginia

16 (a) Informant Mabel Smith
(b) Address 713 N. Fremont Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9th 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore Md.

18 (a) Funeral director J. Edgar Thomas.
(b) Address Accomac Va.

19 (a) 3-1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942. 12:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to March 6 1942, and that I last saw him alive on March 6 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2-3 hrs
Due to Hypertension
Due to Coronary Sclerosis and Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Eubanks M. D.
Address 803 N Fremont Date signed March 9

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 3

F 8991 ✓ F 8991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Mc Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Mc Henry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma J. Ridgely.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Wm. E. Ridgely
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1874

8. AGE: Years	Months	Days	If less than one day
67	10	29	hr. min.

9. Birthplace Laurel, Md
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business Own Home

FATHER
12. Name Maurice Seizear
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Bradley
15. Birthplace Va.

16 (a) Informant Charles M. Ridgely
(b) Address Laurel, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Dry Hill
Location Laurel, Md

18 (a) Funeral director Harry H. Whitlock
(b) Address 4101 Edmondson Ave

19 (a) MAR 8 – 1942 (Date rec'd by Registrar) (b) Huntington Hillsdale, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942 at 9.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to March 5. 1942.
and that I last saw h alive on March 1942.

Immediate cause of death
Cerebral Hemorrhage — Duration 3 days
Due to
Hypertension arteriosclerosis — ?
Due to Heart disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R Rutherford M. D.
Address 9 10 10 Hunterwood St Date signed 3/8/42

F 8991 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

F 8991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information above is necessary but correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton + W sts

(c) Hospital or institution:

St. Agnes Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard

(c) City or town Baltimore Waterloo

(If outside city or town limits, write RURAL and give town)

(d) Street No. 54 Brown Trailer Camp

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Carol Ann Sootsman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-13-41

8. AGE: Years	Months	Days	If less than one day
0	2	28	hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Clair Sootsman

13. Birthplace Howard Co Md

MOTHER

14. Maiden Name Irene Bowman

15. Birthplace Md.

16 (a) Informant Clair Sootsman

(b) Address Waterloo Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 11 42 (month) (day) (year)

(c) Cemetery or crematory KALAMAZOO

Location KALAMAZOO, Mich.

18 (a) Funeral director Loyd Kaiser

(b) Address Laurel Md

19 [redacted] by [redacted] Huntington Registrar

Huntington, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1942 to 3/8 1942 and that I last saw h alive on 3/8 1942.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Bound M.D.

Address Laurel Md Date signed 3/8/42

F 89912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 89912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any error or omission may delay burial. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 White ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 White ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ora B. Houston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Hurd A Houston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19-1882

8. AGE: Years	Months	Days	If less than one day
59	4	20	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Fuller
13. Birthplace Georgia

MOTHER
14. Maiden Name Luke Jones
15. Birthplace Georgia

16 (a) Informant Hurd A Houston
(b) Address 3214 White ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 13-42 (month) (day) (year)
(c) Cemetery or crematory
Location Chatanooga Tenn.

18 (a) Funeral director Geo H Kemstead
(b) Address 525 Lexington st.

19 (a) MAR 9 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1942 at [illegible]

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Mar 9 1942 and that I last saw h.. alive on Mar 9 1942

Immediate cause of death Chronic Myocarditis — Duration 2 Yrs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: none

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Nathaniel M Beck M.D.
Address 7777 N. Charles Date signed Mar 9 42

VS 3

F 89913

F 89913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 861 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give County)
(d) Street No. 861 W Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan F. Wilkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late Wm H. Wilkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1878

8. AGE: Years 63. | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(town, county, and state)

10. Usual Occupation Housework
11. Industry or business at home.

FATHER
12. Name Unknown.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Mrs Thomas E. Wilkins
(b) Address 1102 S. Mt Clare St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/1942 (month) (day) (year)

(c) Cemetery or crematory Western Cem.
Location Edgewood & Edmondson Ave

18 (a) Funeral director John Conways & Son
(b) Address 901 Hollins St.

19 (Date received by registrar) MAR 9 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1942, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 7 1942 and that I last saw her alive on March 7 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 6 hrs.
Due to: Hypertensive Cardio-vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Harry Glassman M. D.
Address 753 W. Fayette St Date signed March 9 1942

VS 3

F 39914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-D

Registered No. F 89914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 23
(d) Street No. 215 S Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Esther Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herbert Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 10, 1922

8. AGE: Years	Months	Days	If less than one day
19	4	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name David Freedman
13. Birthplace New York

MOTHER
14. Maiden Name Bessie Matz
15. Birthplace Russia

16 (a) Informant Shirley Rosenthal
(b) Address 2119 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

1942 MAR 9 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1942 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1942 to March 8, 1942 and that I last saw h alive on March 8, 1942

Immediate cause of death Peritonitis, paralytic ileus ?

Duration ? 72 hrs

Due to Ascending infection from appendix

Due to Streptococci & pneumococci

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy Generalized fibropurulent peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Finkelstein
Address Sinai Hospital Date signed 3/8/42

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 89915

Ray Sachs

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 117-D

F 89915 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on unshaded portion must be answered. Use "None" or "Unknown" where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2924 Oakley Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ray Sachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873 Joseph

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Glass ?
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace R ssia

16 (a) Informant Paul Caplan
(b) Address 3306 Powhatan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E, Baltimore Srt

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAR 9 – 1942 (Date Rec'd by Registrar) (b) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 – 8 – 1942 at 5:47 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1942 to 3-8-1942 and that I last saw alive on 3-8-1942

Immediate cause of death Hemorrhage — Duration

Due to Duodenal ulcer

Due to

Other Conditions Pyelonephritis, right

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Duodenal ulcer. Pyelonephritis, right

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Zeller M. D.
Address University Hosp. Date signed 3-8-42

411652 F 89916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a F 89916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town St. Petersburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Box 775
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian P. Peed

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife E. L. Peed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-75

8. AGE: Years	Months	Days	If less than one day
66	0	6	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Patterson
13. Birthplace Ga.

MOTHER
14. Maiden Name Edwina Hamlet
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mch 9/42 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Prince Geo. Co. Md.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 MAR 9 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to Mar 8 1942 and that I last saw her alive on Mar 8 1942.

Immediate cause of death	Duration
BRONCHO PNEUMONIA	1 WK.
Due to GENERALIZED	
Due to ARTERIOSCLEROSIS	
Other Conditions PYELONEPHRITIS (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Halsey Barton M.D.
Address Baltimore Md. Date signed 3-9-42

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Punctuation is not necessary. Abbreviations are permissible if they are commonly understood. Statements of time should be complete and correct age is especially important.

F 89917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 89917

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha J Mathias

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife William H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1887

8. AGE: Years	Months	Days	If less than one day
54	3	10	hr. min.

9. Birthplace Henrico Co Virginia (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant William H Mathias

(b) Address 1114 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 42 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park

Location

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St

19 MAR 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 9 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Sandelight M.D. Medical Examiner

Date signed 3/8/42

VS 6

F 89918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No. F 89918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Herkimer Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. BOOTH

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Martha A. Booth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23. 1860

8. AGE: Years	Months	Days	If less than one day
81 82	4	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Baltimore Ohio. R.R

FATHER
12. Name David T. Booth
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Rawlings
15. Birthplace Baltimore

16 (a) Informant Grace Link
(b) Address 2808 Herkimer Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 9. 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Ave

18 (a) Funeral director Robt Brooks & Son
(b) Address 1338 Hollins Street

19 MAR 9 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March. 6 1942 at 1. AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1935 to Mar 6 1942 and that I last saw h[illegible] alive on Mar 6 1942

Immediate cause of death Cerebral Thrombosis — Duration 2/5/42
Due to Arteriosclerosis — 3
Due to Hypertension — 7
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C A Roesling M. D.
Address 326 W. Lombard St Date signed 3/9/42

VS 3

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 89919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 89919 Registered No. 4611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Any space which does not apply should be marked "None." Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Agnes Hospital
(b) Street address Caton & Wilkens
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County V
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Linden Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) V
If yes, name country

3 (a) FULL NAME Mr. Charles A. Fellermeier ✓

3 (b) If veteran, name war V | 3 (c) Social Security Account No. 217-07-7144

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 - 1885

8. AGE: Years	Months	Days	If less than one day
56	7	24 ✓	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Joseph Fellermeier
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Mehty
15. Birthplace Germany

16 (a) Informant Miss Carrie Fellermeier
(b) Address 1720 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (months) 10 (day) 42 (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave

19 MAR 9 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1942 at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942 to March 6 1942, and that I last saw h[illegible] alive on March 6 1942.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Arthur Rosenberg

Address St. Agnes Hosp. Date signed 3/6/42

F 89920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 m.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E. Lanvale st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur M Braune

3 (b) If veteran, name war

3 (c) Social Security Account No. 078-07-0604

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Craft

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 1896

8. AGE: Years	Months	Days	If less than one day
46	1	23	hr. min.

9. Birthplace Brooklyn, N.Y. (City, county, and state)

10. Usual Occupation Steam fitter

11. Industry or business

FATHER
12. Name Fritsch Braun
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cook
15. Birthplace Ireland

16 (a) Informant Esther Braune
(b) Address 427 Lanvale st

17 (a) Burial (burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn, N.Y.

18 (a) Funeral director Leonard J. Finch
(b) Address 5305 Harford Rd

MAR 9 — 1942 (Registrar's signature) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 12 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cirrhosis of liver — Duration: 1 year

Due to: 0

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Medical Examiner M.D.

Date signed 3/9/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 89921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 89921

Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that age is correctly stated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5514 Edna Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5514 Edna Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH WARNEKE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Charles Warneke
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) May.24.1860

8. AGE: Years 81 | Months 9 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Simon Raum
13. Birthplace Germany

MOTHER
14. Maiden Name Christine ?
15. Birthplace Germany

16 (a) Informant Mrs. Mary Fetzner (Daughter)
(b) Address 5514 Edna Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Md. Geo. F. Sander
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAR 9 1942 (a) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8. 1942 14.00 at A. M. M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 26 1933 to March 6 1942 and that I last saw h[illegible] alive on March 6 1942.

Immediate cause of death: Hypertensive Cardio Vascular Renal Disease — Duration 1933.
Due to:
Due to:
Other Conditions: Acute decompensation 3-4-42 E Anuresis + failure
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas W Edwards M.D.
Address 2726 Alameda Date signed 3-7-42

VS 3

F 89922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 89922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Keziah Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Chas.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1826

8. AGE: Years 65 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Tom Gantt
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Jean Grass
(b) Address 1122 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George U. Kelson
(b) Address 1922 Presstman

19 (a) MAR 9 1942 (Date rec'd by registrar) (b) Huntington Nicholson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5 1942 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1941 to 3/5 1942.
and that I last saw her alive on 3/5 1942.

Immediate cause of death Diabetes Mellitus
Due to Sarcoma of Foot with Amputation
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben R Lutty M. D.
Address 1924 Druid Hill Date signed

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in especially important.

F 89923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Winchester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Wilson 71495

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1924

8. AGE: Years	Months	Days	If less than one day
18	1	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Wilson
13. Birthplace S.C.

MOTHER
14. Maiden Name Margaret Willis
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-42 (month) (day) (year)
(c) Cemetery or crematory
Location Not autopsy

18 (a) Funeral director George E. Nelson
(b) Address 1203 Prestman St

19 (a) MAR 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1942, at 8:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Mar. 5 1942, and that I last saw her alive on Mar. 5 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlstone M. D.
Address Balt. City Hosp Date signed 3-6-42

Please write plainly; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89924 SS 71797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89924 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and if a married woman, the name of her husband. Also the usual residence and correct age in every case. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Leslie St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1918

8. AGE: Years	Months	Days	If less than one day
24	2	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business Unemployed

FATHER
12. Name John Smith
13. Birthplace Virginia

MOTHER
14. Maiden Name Anne Williams
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. U. Kelson
(b) Address 1363 Pulaski Hwy

19 (a) MAR 9-1942 (Date rec'd by registrar) By Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1942 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1942 to 3-8 1942 and that I last saw h[illegible] alive on 3-8 1942

Immediate cause of death: Pulmonary tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rabburn

Address Balt. City Hosp Date signed 3-9-42

VS 2

F 89925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89925 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 650 E. 37th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 E. 37th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ornie Belle Muth

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Charles C. Muth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1873

8. AGE: Years 68 | Months 5 6 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER 12. Name William Ruggles
13. Birthplace New York

MOTHER 14. Maiden Name Rosalie Coppersmith
15. Birthplace Hampstead, Md

16 (a) Informant Hortense Quigg
(b) Address 650 E. 37th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md

18 (a) Funeral director Durand D. Covington
(b) Address 21 W. 25th St

19 (a) MAR 9 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/42 19 .. at 2:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10th. 1940. to Mar. 6th 1942. and that I last saw h er alive on Mar. 5th. 1942.

Immediate cause of death: Leukemia — Duration: about 4 years.

Due to unknown

Due to --- ---

Other Conditions ----------

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse W. Georgetown M.D.
Address 401 E. 25th. St. Date signed 3/7/42.

VS 3

F 89926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

F 89926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4254 Nicholas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Baker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/6/42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles C Baker
13. Birthplace Monkton Md (Balt. Co)

MOTHER
14. Maiden Name Gladys M. Norman
15. Birthplace Baltimore Md.

16 (a) Informant Charles C. Baker
(b) Address Monkton, Md.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/8/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Joppa Rd Ave.
18 (a) Funeral director Martin W. E. Dopel
(b) Address Govans Rd & Ham St
19 (a) MAR 9 - 1942 (Date filed by registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 3-6 1942 and that I last saw h alive on 3-6 1942

Immediate cause of death
atelectasis
Due to
Premature (2 lbs 6 oz)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Clemenson M. D.
Address St. Joseph's Hosp. Date signed 3-6-42

Please answer all questions. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

F 89927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

Registered No. F 89927

Please write plainly. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Sta.

(c) Hospital or institution: South Balto Gen'l Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1409 Decatur (If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Noon, Mary H.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1879

8. AGE: Years	Months	Days	If less than one day
63y	1	15	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael Lanahan

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Hagan

15. Birthplace Ireland

16 (a) Informant Charles Noon (Son)

(b) Address 1409 Decatur St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto, Md

18 (a) Funeral director Maurice J. Speer

(b) Address 1422 Light St.

19 MAR 9 - 1942 Huntingtown Williamsport, Md (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8- 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1942 to 3-8- 1942 and that I last saw her alive on 3-5- 1942.

Immediate cause of death Gangrene of foot & 2 of fingers

Due to Femoral Iliac arterio sclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A. Manganaro M. D.

Address 1213 Light St. Date signed 3-8-42

VS 3

F 89928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 89928 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 306 N Schroeder St
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 N. SCHROEDER (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose R. BROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	widow

6 (b) Name of husband or wife EDWARD BROOKS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1864

8. AGE: Years	Months	Days	If less than one day
77	4	21	hr. min.

9. Birthplace RALEIGH — N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name BEN. RAGLAND
13. Birthplace N.C.

MOTHER
14. Maiden Name MARY
15. Birthplace N.C.

16 (a) Informant Jessie Harper
(b) Address 306 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

MAR 9 — 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6-42 19 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1941 to 3-6-42 19 , and that I last saw h alive on 3-6-42 19 .

Immediate cause of death
Hypertensive Cardio-Renal
Due to Anemia

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Malvey Osborne M. D.
Address 312 E. 23rd St Date signed 3-7-42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89929
MA 70849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH G3-D

F 89929
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. If any question does not apply, write "None" or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Dillon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 27, 1875
8. AGE: Years 66 | Months 4 5 | Days 9 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name David (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Maguire (d)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 - 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City
18 (a) Funeral director Loff & B. M. Walter
(b) Address 1904 Eutaw Street
19 (a) MAR 9 1942 (Date rec'd by registrar) (b) Huntington Willis Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1942, at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1942 to 3-6 1942, and that I last saw h~~is~~ alive on 3-6 1942.

Immediate cause of death	Duration
Cardiac failure	3 mos.
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbins M. D.
Address Balto. City Hosp. Date signed 3-8-42

F 89930 O'Grady F 89930

Social Security 215-12-1392.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 Bartlett Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Bartlett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME J. Elmer O'Grady

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-1392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3 - 3 - 1893

8. AGE: Years	Months	Days	If less than one day
49	—	32	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Police Dept

FATHER
12. Name James O. Grady
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ellen Evans
15. Birthplace — —

16 (a) Informant Mrs Catherine A. Grady
(b) Address 635 Bartlett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Mary M. Shuligfield
(b) Address 501 E 22nd St

19 MAR 9 - 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to 3/5/1942 and that I last saw him alive on 3/5 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	24 hours
Due to Malignant Hypertension	2 yrs
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Thomas D. Mott M. D.
Address 532 E 22nd St. Date signed 3/7/42

VS 3

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 – Registered No.

F 89931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkens Ave
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3643 Coolidge Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

65

3 (a) FULL NAME William B. Goshell

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9059

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 5, 1877

8. AGE: Years	Months	Days	If less than one day
64	8	2	hr. min.

9. Birthplace Maryland, Balto. (Town, county, and state)
10. Usual Occupation Paint Mixer
11. Industry or business

FATHER
12. Name William Goshell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Arther
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Agnes Goshell
(b) Address 3643 Coolidge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Howard & Son
(b) Address 901 Hollins St

19 MAR 9 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 6 AM PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942 to 3/7 1942 and that I last saw him alive on 3/6 1942.

Immediate cause of death
Pulmonary Embolus — Duration 10 Min.
Due to
Post operative hernia — 5 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3/2/42
Major findings of operations
Indirect inj hernia
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J R Downes M.D.
Address St. Agnes Hosp. Date signed 3/9/42

VS 3

8932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D Registered No. 8932

PLEASE WRITE PLAINLY, with unfading black ink. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 W 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 W 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zedekiah G. Cross.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Mattie Cross.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1860

8. AGE: Years	Months	Days	If less than one day
82	2	6	hr. min.

9. Birthplace Md (town, county, and state)
10. Usual Occupation Retired
11. Industry or business Contractor.

FATHER 12. Name Caleb Cross.
13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Merryman
15. Birthplace Md

16 (a) Informant Samuel M. Cross.
(b) Address 512 W 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11/42 (month) (day) (year)
(c) Cemetery or crematory Oakes
Location Balto Co. Md.

18 (a) Funeral director Ellsworth & Donovan
(b) Address 3615-17 Elliston Ave.

19 MAR 9 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1942, at 6.35 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1941 to Mar 8 1942; and that I last saw him alive on Mar. 8 1942.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jules Gilbert, M.D.
Address 848 N. 36th St Date signed 3-8-42

VS 3

89933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 89933 Registered No.

PLEASE WRITE PLAINLY, with pen or pencil. Do not use ditto marks. Be sure to answer all questions. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Baltimore Ave.
(c) Hospital or institution: Edgewood Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Brooklandville. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Elizabeth Dudley
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1871

8. AGE: Years	Months	Days	If less than one day
70	2 3	2 6 2	hr. min.

9. Birthplace Rockbot. Md. (Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Rockland. Md.

MOTHER
14. Maiden Name Priscilla Carr.
15. Birthplace Md.

16 (a) Informant Harry W. Smith.
(b) Address Brooklandville. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Catonsville

18 (a) Funeral director Ehrensperger & Lonsdale
(b) Address 3615-17 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. REGISTRAR

MAR 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1935 to Mar 8 1942 and that I last saw her alive on Mar 7 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	14 days
Due to: Broncho-pneumonia	2 days
Due to: arteria-sclerosis	10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Palmer H. Williams
Address Pikesville. Date signed 3/8/42 M. D.

F 89934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54B

Registered No. F 89934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama (b) County
(c) City or town Mobile (If outside city or town limits, write RURAL and give town)
(d) Street No. U. S. Marine Hospital (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES S. SAMPLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Lindsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1904

8. AGE: Years	Months	Days	If less than one day
37	8	27	hr. min.

9. Birthplace Chester, Illinois (Town, county, and state)
10. Usual Occupation P. A. SURGEON,
11. Industry or business U. S. PUBLIC HEALTH SERVICE

FATHER
12. Name CHARLES S. SAMPLE
13. Birthplace ILLINOIS

MOTHER
14. Maiden Name HELEN BREWSTER
15. Birthplace ILLINOIS

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Corydon Ind.

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson ave

19 MAR 9 - 1942 (Date rec'd by registrar) (b) Huntington-Williams, M[illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1942, at 11:06 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27, 1942, to Mar. 8, 1942, and that I last saw h im alive on Mar. 8, 1942

Immediate cause of death	Duration
Bronchopneumonia	1 Day
Due to Increased intracranial pressure	5 da
Due to Glioma of brain, rt. temporal parietal	4 mo.
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation March 3, 1942
Major findings of operation: Craniotomy & Partial removal of tumor.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature per T B Anderson [illegible] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/9/42

PLEASE WRITE PLAINLY. With pencil or pen. Do not use ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 1

F 89935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 89935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Redwood (Rural)
(If outside city or town limits, write RURAL and give town.)
(d) Street No. —
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Hayes Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Harry Boyd
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.): Jan 31-1891
8. AGE: Years 51 Months 1 Days 7 If less than one day hr. min.
9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business: at home

FATHER
12. Name: John J. Hayes
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ellen O'Connor
15. Birthplace: Ireland

16 (a) Informant: Nurses of Mercy Hospital
(b) Address: Mercy Hosp. Balti. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory: Mount Manor
Location: Towson, Md.

18 (a) Funeral director: John J. Fahey & Son
(b) Address: 1318 Light St.

19 MAR 9 1942 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942 to March 7 1942, and that I last saw her alive on March 7 1942

Immediate cause of death	Duration
Circulatory Collapse + Cardiac failure	
Due to Squamous-cell Carcinoma Uterus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Feb. 7-1942

Major findings of operation: Squamous cell - carcinoma Uterus

Date of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thomas A. Hedrick
Address: Mercy Hospital Date signed: 3/9/42

F 89936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 89936
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Entries must be made on this certificate before it is filed. Please answer all questions. Underline the correct answer. Where age is required, if less than one year, state months or days; if less than one month, state days. Where age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1433 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E CARR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife Mary E. Delaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/13/1865

8. AGE: Years	Months	Days	If less than one day
77	—	21	3 hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Retired S.B. Engineer
11. Industry or business

FATHER
12. Name John Gaye
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Sheehan
15. Birthplace Ireland

16 (a) Informant Mr. James Gaye
(b) Address 1733 W. Lemon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Faber & Son
(b) Address 618 Dight St.

19 (a) Filed (by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 3-6 1942 and that I last saw h IM alive on 3-6 1942

Immediate cause of death CIRCULATORY Collapse — Duration

Due to Acute Congestive Heart failure

Due to

Other Conditions Acute Appendicitis with perforation
(Include pregnancy within 3 months of death)

Date of operation 2-26-42

Major findings of operation: Acute Appendicitis with perforation and local peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lemmon M.D.
Address St. Joseph's Hosp. Date signed 3-6-42

Filed 1942 Huntington Williams M.D.

F 89937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89937
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Yolando Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. James Henry Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Ellis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 1869

8. AGE: Years 72 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Cuba (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Machine Shop

FATHER
12. Name James H. Ellis
13. Birthplace Ky

MOTHER
14. Maiden Name Susan McDonald
15. Birthplace Ky

16 (a) Informant John H. Ellis
(b) Address 3808 Yolando Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Location Old Frederick Rd. Balto

18 (a) Funeral director J. A. Moran
(b) Address Eager & Baltimore

MAR 9 – 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1942 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 6th 1942 to March 7th 1942, and that I last saw him alive on March 7th 1942.

Immediate cause of death: Angina Pectoris — Duration 3 years

Due to Coronary Sclerosis, Extreme

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Autopsy Coronary Sclerosis Aneurysm of Abdominal Aorta.

Findings of autopsy Abdominal Adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting

Address Bon Secours Hosp Date signed 3-9-42

VS 8

F 89938 BALTIMORE CITY HEALTH DEPARTMENT F 89938

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3210 Fait Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3210 Fait Ave. (If rural give location)

Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose M. Allgeier.

3 (b) If veteran, name war *** *

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Allgeier

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan. 20. 1898

8. AGE: Years	Months	Days	If less than one day
44	I	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Zeeliger

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Lina Roden

15. Birthplace Baltimore, Md.

16 (a) Informant Frederick Allgeier

(b) Address 3210 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10. 1942 (month) (day) (year)

(c) Cemetery or crematory Swartz

Location 6115 O'Donnell St.

18 (a) Funeral director John G. Moran.

(b) Address 3000 E. Baltimore St.

MAR 9—1942 (Date received by local registrar) (b) Huntingtown Williamsport, Md. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6. 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1942 to March 6 1942 and that I last saw h[illegible] alive on March 6 1942

Immediate cause of death	Duration
Hypertensive C.V. Disease	1-2-42
Chr. Interstitial Nephritis	1-2-42
Due to Cerebral Hemorrhage	3-6-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operation:

of autopsy: None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence None. at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl Schumacher M. D.

Address 842 S. East Ave. Date signed 3-8-42

VS 8

F 89939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 89939 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. If unknown, say so. Do not leave blanks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY GRADY

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 480-18-427#

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel Grady

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 1/20/94

8. AGE: Years 48 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace Nashville Tenn (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business "

FATHER 12. Name Geo Washington Grady

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Fanny Cagen

MOTHER 15. Birthplace Nashville Tenn

16 (a) Informant Mrs Whitehurst

(b) Address Camp & Hilsboro

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)

(c) Cemetery or crematory National Cemetery

Location Furth Road

18 (a) Funeral director Walter Brooks Bindley

(b) Address 1922 N. Howard Ave

19 (Date rec'd by registrar) MAR 9 - 1942 Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942, at 10 [illegible] M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.

Date signed 3-7-42

VS 6

F 89940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 89940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Street
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 East University Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD M. LATTIER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Howard Lattier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 13, 1884

8. AGE: Years: 57 | Months: 9 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Butcher

11. Industry or business

FATHER
12. Name: John Lattier
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Ann Melching
15. Birthplace: Maryland

16 (a) Informant: Mrs. Eva Lattier
(b) Address: 317 E. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/11/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 MAR 9 1942 (Date rec'd by registrar) Huntington Wittington

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 8 1942 at 8.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8 1942 to Mar. 8 1942 and that I last saw him alive on Mar. 8, 1942

Immediate cause of death: Cardiac decompensation — Duration

Due to: Bronchial asthma with Marked emphysema

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: John A. Talbot, M.D.
Address: Union Memorial Hosp. Date signed: 3-9-42

VS 3

F 89941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 89941 Registered No.

PLEASE WRITE PLAINLY; WARNING: Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 2804 Mosher St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. John Thomas Stringer

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Edna O. Stringer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 8, 1888

8. AGE: Years	Months	Days	If less than one day
54	1	28	hr. min.

9. Birthplace: Portsmouth, Va. (Town, county, and state)
10. Usual Occupation: Retired Medical Doctor
11. Industry or business: U. S. Navy

FATHER
12. Name: Cornelius J. Stringer
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Sadir Richardson
15. Birthplace: Virginia

16 (a) Informant: Mrs. Edna O. Stringer
(b) Address: 2804 W. Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory: Balto. National Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Huntington Williams, Mgr

19 (a) MAR 9 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1942, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1941 to Mar 6 1942, and that I last saw him alive on Feb 20 1942

Immediate cause of death: coronary occlusion — Duration: ✓
Due to:
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: none
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature: Edward Tucker & Co
Address 1219 Eutaw Place Date signed 3/7/42

VS 2

F 89942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 89942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Falls Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E Payant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Huldah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 1 - 76

8. AGE: Years 66 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business

FATHER 12. Name William E Payant

13. Birthplace England

MOTHER 14. Maiden Name Emma Towns

15. Birthplace England

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS

(b) Address North & Pa.

19 MAR 9 — 1942 (a) Date received by registrar (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 7 1942 at 745 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 7 1942 to MAR 7 1942 and that I last saw HIM alive on MAR 7 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertension — Cardio-Vascular Disease

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geoffrey Q. Dale M.D.

Address 3-7-42 Johns Hopkins Hosp.

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 89943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida R. Sullivan

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Eugene T. Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1875

8. AGE: Years	Months	Days	If less than one day
66	9	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Mullinix
13. Birthplace Maryland

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mr. Clarence Sullivan
(b) Address 1027 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 42, at M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 3 1942 to MARCH 7 1942 and that I last saw her alive on MARCH 6 1942.

Immediate cause of death PNEUMONIA — Duration 1 day
Due to Cerebral Hemorrhage — 3 mos
Due to Arteriosclerosis — ? years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R Klemm M. D.
Address 1101 N Fulton Date signed 3/7/42

F 89944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89944 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 Ramsay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Letschin

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-09-1299

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beulah A. Letschin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6th 1885

8. AGE: Years	Months	Days	If less than one day
56	10	1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Adolphe Sylvius Letschin
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant Beulah A. Letschin
(b) Address 2231 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11-1942 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) 2101 Pulaski Ave

19 (a) MAR 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942 to March 7 1942 and that I last saw him alive on March 7 1942.

Immediate cause of death: Coronary Thrombosis
Antecedent causes: Myocarditis

Due to

Due to

Other Conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan C. Nelson M.D.
Address 210 Walker Ave Date signed 3/9/42

VE 3

89945

SS 72105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 89945

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Lewis

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1854

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant B. C. H. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAR 9 1942

18 (a) Funeral director COMMISSIONER OF HEALTH

(b) Address Per H. A. Myers

19 (a) MAR - 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 1942, at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 2-28 1942 and that I last saw h alive on 2-28 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 Days

Due to Int. arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank K. Rathbun M. D.

Address Balto. City Hosp Date signed 3-5-42

VS 3

8003

PLEASE WRITE PLAINLY, with unfading ink. Punctuate fully. Draw a line through any space not required. Be sure to answer each question. Do not abbreviate. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. F 89946

PLEASE WRITE PLAINLY. WITH UNFADING INK. Entry item of information must be given for every purpose. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 W. Lexington St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James R. Mitchell

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Mitchell
6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) March 23 1899

8. AGE: Years 63 | Months 0 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation night watchman
11. Industry or business City of Baltimore

FATHER
12. Name Nicholas
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A. Smith
15. Birthplace Ireland

16 (a) Informant Catherine V. Mitchell
(b) Address 1510 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Maryland

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) MAR 9 — 1942 (b) Huntington Williamsport Md
(Date filed by registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 7:25 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Bronchiectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed 3/9/42

F 89947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-9

Registered No. E 89947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 N. Washington (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES L. ROSAZZA

3 (b) If veteran, name war W

3 (c) Social Security Account No. 10 [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2. 2. 1890

8. AGE: Years	Months	Days	If less than one day
52	2	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER 12. Name T. E. Rosazza Sr.
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Mary Montevarde
15. Birthplace Balto Md.

16 (a) Informant Joseph P. Rosazza
(b) Address 529 N. Washington St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 527 St. Paul St

19 (a) MAR 9 - 1942 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of lung	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenwebber M.D.
Medical Examiner.
Date signed 3-7-42

F 89948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No.

F 89948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. If any cannot be obtained, say so. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6203 York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6203 York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R Hanlon

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Rose Hanlon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1867
8. AGE: Years 75 | Months 4 | Days 29 | If less than one day: hr. min.
9. Birthplace Long Green, Md (Town, county, and State)
10. Usual Occupation Carpenter Retired
11. Industry or business

FATHER
12. Name Michael Hanlon
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Boyle
15. Birthplace Ireland

16 (a) Informant Mrs Rose Hanlon
(b) Address 6203 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Long Green Md

18 (a) Funeral director J Pullman & Son
(b) Address 1217 E Pratt St

19 (a) MAR 9 - 1942 Interrington for Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1931 to March 6 1942 and that I last saw him alive on March 6 1942.

	Duration
Immediate cause of death: Cerebral Thrombosis	3 wks.
Due to: Chronic Arteriosclerosis	10 yrs
Due to: Senility	10 yrs
Other Conditions: None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature A. J. Chalfant M. D.
Address 6210 York Rd Date signed March 9 1942

VS 3

F 89949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No. F 89949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 Northern Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 Northern Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Virginia Tracey

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles G. Tracey
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Feb. 25 th, 1873

8. AGE: Years: 69 | Months: 0 | Days: 12 | If less than one day: hr. ######## min.

9. Birthplace: Baltimore County (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: John W. Martin
13. Birthplace: Baltimore County

MOTHER
14. Maiden Name: Mary A. Shipley
15. Birthplace: Baltimore County

16 (a) Informant: Mrs. Mary E. Prescott
(b) Address: 3720 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10-1942 (month) (day) (year)
(c) Cemetery or crematory: Black Rock, Balto. Co.
Location: Baltimore County

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 MAR 9 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2- 1942, to Mch 7- 1942, and that I last saw her alive on Mch 7- 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Arterio Sclerosis — 10 yrs.
Due to: Chr. Myocarditis — 5 yrs.
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: E Gill Hall M. D.
Address: 1631 E North Ave Date signed: 3/9/42

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89950

F 89950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Parkwyrth (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Donald C Pritchett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1932

8. AGE: Years	Months	Days	If less than one day
19	9	29	hr. min.

9. Birthplace Balto. City Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Carlisle Pritchett
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lillian Gueninger
15. Birthplace Balto. City Md.

16 (a) Informant Father
(b) Address 644 Parkwyrth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 10 42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Balto. Co. Md

18 (a) Funeral director Lasasha Funeral Home
(b) Address 7401 Belair Rd

19 (a) MAR 9 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 2:53 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Crushing of left thigh	
Due to Shock	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/1
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3/7/42 at 10:45a M
(c) Where did injury occur? 3500 N. Freemont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/7/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, or a reason for omitting it stated. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 89951

JH 72306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 89951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Etting St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Perkins

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1904

8. AGE: Years 37 | Months 7 5 | Days 20 | If less than one day hr. min.

9. Birthplace Liverpool, England (Town, county, and state)

10. Usual Occupation Instructor Athletics

11. Industry or business Unemployed

FATHER
12. Name George Perkins
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louise Washington
15. Birthplace Philadelphia

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md.

18 (a) Funeral director Charles Harper
(b) Address 514 N. Calhoun St.

19 (a) MAR 9 → 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1942 at 4 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1942 to 3-7 1942 and that I last saw him alive on 3-7 1942.

Immediate cause of death Lobar pneumonia
? Pulmonary tuberculosis — Duration 4 days ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Oathheim M. D.
Address Balto. City Hosp. Date signed 3-7-42

VS 3

89952

BALTIMORE CITY HEALTH DEPARTMENT

JN 71931 CERTIFICATE OF DEATH / 31-a Registered No. 89952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Where there is a choice, underline the correct one. Do not abbreviate. Write out the full name of the city, town, or county. Give the usual name of occupation, even if retired. Be sure that the cause of death is stated so as to show the primary cause, secondary (contributory) causes, and the duration of each. Do not use the terms "Heart failure," "Asthenia," "Old age," or "Senility" without explaining the primary cause which produced them. Indefinite or unsatisfactory answers cannot be accepted. Do not report deaths of stillborn children or of children who lived only a few hours or days unless the fact is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Mosher St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Marie Curtis

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Separated

6 (b) Name of husband or wife James
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1907

8. AGE: Years	Months	Days	If less than one day
34 yr	3	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Frank Thomas
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Hopkins
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto. Md.

18 (a) Funeral director Charles H. Wolfe
(b) Address 514 N. Calhoun St.

MAR 9 - 1942
(Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6 1942, at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1942, to 3-6 1942, and that I last saw h alive on 3-6 1942.

	Duration
Immediate cause of death: Uremia	?
Due to: Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Cobb M. D.
Address Balto City Hosp Date signed 8-6-42

VS 3

89953 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. B 89953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Ramsey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 706-03-9422

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Catherine C. Jones
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1880

8. AGE: Years	Months	Days	If less than one day
67	1	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Blacksmith
11. Industry or business B. & O. R.R.

FATHER
12. Name Alexander Jones
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Airey Ball
15. Birthplace Howard Co. Md.

16 (a) Informant Catherine C. Jones
(b) Address 1403 Ramsey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1300 W. Lombard St.

19 (a) (Date rec'd) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1942 to 3-7 1942 and that I last saw h. alive on 2-7 1942.

Immediate cause of death: Bronchopneumonia — confluent & early abscess formation
Due to C. P. C. of Lungs
Due to Rt Heart Failure, Chr. Bronchitis, Coronary & Chronic Nephritis
Other Conditions

Duration: 2-4 wks; ?; 2-3 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Confluent B.P.; Coronary artery sclerosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin C. Dane, Jr. M.D.
Address Univ. Hosp. Date signed 3/5/42

VS 3

F 89954

F 89954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. F 89954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 N. Bentalou St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Bentalou St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore J. Scherer.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-1845

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife Cora Murry

6 (c) If married, give age years

7. Birth date of deceased (mo., day, yr.) July 21. 1879

8. AGE: Years	Months	Days	If less than one day
62	7	16	hr. min.

9. Birthplace Baltimore. Md. (Town, county, and state)

10. Usual Occupation Insurance. Broker.

11. Industry or business Insurance underwriter

FATHER
12. Name W G C. Scherer.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Grace. M[illegible] POWER 207
15. Birthplace Balto. Md.

16 (a) Informant Rhoda J. Robinson
(b) Address 101 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Thos. J. Kenny
(b) Address 1606 Hollins St

19 MAR 10 1942 Registered MAR 10 1942 Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/7 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1942 to 3/7 1942 and that I last saw him alive on 3/7 1942

Immediate cause of death Myocardial Infarction Auricular Fibrillation

Duration 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel L. Gerstein, M.D.

Address 1945 N. Calvert Date signed 3/9/42

F 89955 Kenna G Preisse F 89955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate, whether or not there is a physician in attendance. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland found in harbor
(b) Street address at foot of East Falls Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County
(c) City or town Buchanan (If outside city or town limits, write RURAL and give town)
(d) Street No. 3-2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenna Gladstone Preisse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1896

8. AGE: Years	Months	Days	If less than one day
45	10	17	hr. min.

9. Birthplace Buchanan W Va (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farm

FATHER
12. Name Sylvester Preisse
13. Birthplace West Virginia

MOTHER
14. Maiden Name Mary Moss
15. Birthplace West Virginia

16 (a) Informant Ray F Poling
(b) Address Buchanan W Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Buchanan W Va
Location

18 (a) Funeral director Thomas J Kenny
(b) Address 1500 Hollins St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

MAR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1942 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 1st, 1942 — M
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Drowning

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 3-4-42

F 89956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89956

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 2005 N. Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Rummel

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-1600

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fredericka Rummel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26 - 1870

8. AGE: Years	Months	Days	If less than one day
72	1	10	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Bolting cutter
11. Industry or business

FATHER
12. Name Geo. Rummel
13. Birthplace Ger.

MOTHER
14. Maiden Name Wolfe
15. Birthplace Ger.

16 (a) Informant Fredericka Rummel
(b) Address 2005 N. Wolfe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2524 Orleans st

19 MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8- 1942, at 1.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection & Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wolfe M.D. Medical Examiner.
Date signed 3-9-42

VS 6

F 89957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 89957

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 54 S. Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 54 S. Fulton ave
(If rural give location)
Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John Henry Sloan

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-5310

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha E.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 7-1871

8. AGE: Years 70 | Months 9 | Days 7 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Stock Clerk.

11. Industry or business Tin can Business

MOTHER / FATHER

12. Name John J. Sloan

13. Birthplace Scotland

14. Maiden Name Annie E. Galt.

15. Birthplace Ireland

16 (a) Informant Mrs. Frank Schmidt

(b) Address 54 S. Fulton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)

(c) Cemetery or crematory Western Cemt.
Location Baltimore Md

18 (a) Funeral director Geo. E. Beyer Jr

(b) Address 1642 Hollins St.

19 (a) MAR 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1933 to March 8 1942, and that I last saw him alive on March 7 1942

Immediate cause of death: Coronary Thrombosis

Duration: one hour

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Thomas B. Schmidt M. D.

Address 54 S. Fulton Ave Date signed 3-9-42

VS 3

F 89958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 89958 Registered No.

MC(72367)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or "unknown" supplied where correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) few minutes

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(d) Street No. ? (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Guy T. Kitchen

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 213-07-9121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Janet

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1883

8. AGE: Years	Months	Days	If less than one day
58	3	24	hr. min.

9. Birthplace Martinsburg, West Virginia (Town, county, and state)

10. Usual Occupation Millwright

11. Industry or business Bethlehem Steel Company

FATHER 12. Name Gilbert

13. Birthplace Martinsburg, West Virginia

MOTHER 14. Maiden Name Ida Chapman

15. Birthplace Martinsburg, West Virginia

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial or cremation removal) (b) Date thereof 3/11/42 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Martinsburg W. Va.

18 (a) Funeral director W. H. Rogers Cook

(b) Address 1267 St. Paul St

19 (a) MAR 10 1942 (b) Registrar's signature Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1942, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1942, to 3-9 1942, and that I last saw him alive on 3-9 1942.

Immediate cause of death	Duration
Coronary occlusion	1 hour
Due to Arteriosclerotic H.D. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp. Date signed 3-9-42

VS 8

F 89959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

F 89959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Westwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Westwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15 b

3 (a) FULL NAME Ida Elizabeth Suter

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct abt 1874

8. AGE: Years: abt 67 | Months: 5 | Days: | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name George Martin Suter
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Kelly
15. Birthplace Balto. Md.

16 (a) Informant Edward Kirkland
(b) Address 1718 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 10 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1942. 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1942 to 3/7 1942 and that I last saw h[illegible] alive on 3/7 1942.

Immediate cause of death: Chronic cardio renal disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chester R. Lahn
Address 735 Poplar Grove St Date signed 3/9/42

VS 8

F 89960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 89960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3215 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Hamilton Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius Cole

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sallie C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec 9-1848
8. AGE: Years: 93 Months: 2 Days: 28 If less than one day: hr. min.
9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual Occupation: Retired Farmer
11. Industry or business:

FATHER
12. Name: Abraham Cole
13. Birthplace: Staten Island

MOTHER
14. Maiden Name: Sarah E. Nelson
15. Birthplace: Harford Co. Md

16 (a) Informant: Sallie C Cole
(b) Address: 3215 Hamilton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-42 (month) (day) (year)
(c) Cemetery or crematory: Spesutia Cem.
Location: Perryman, Harford Co.
18 (a) Funeral director: William Cook.
(b) Address: 217 S. Paul St.

MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 7- 1942, at 4:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to March 7 1942 and that I last saw him alive on March 7 1942

Immediate cause of death: Acute Cardiac Dilatation — Duration: March 7
Due to:
Due to:
Other Conditions: Chronic Myocarditis Arterio Sclerosis — Duration: a number of Years.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Norma B. Green
Address: 3009 Evergreen Ave Date signed: 3/9/42
Baltimore Md.

VS 3

F 89961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42

F 89961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Church Home + Hosp
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 619 Glenwood Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Fannie C Saunders
3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-07-9642

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Kelly Mae
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 17 1881
8. AGE: Years 61 | Months 0 | Days 22 | If less than one day hr. min.
9. Birthplace Farmington Conn (town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Crown Cork + Seal Co

FATHER
12. Name Caroden C. Saunders
13. Birthplace Germany

MOTHER
14. Maiden Name Doris Ellsworth
15. Birthplace Germany

16 (a) Informant Kelly Mae Saunders
(b) Address 619 Glenwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Govans
18 (a) Funeral director William Cook
(b) Address 6217 St. Paul St
19 MAR 10 1942 (Date rec'd by registrar) Huntington Wil Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1942, at 12 30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1942 to 3/9 1942
and that I last saw him alive on 3/9 1942

Immediate cause of death	Duration
(a) Coronary occlusion	
(b) Angina pectoris	
Due to (c) Chronic myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3/5/42
Major findings of operations: Chronic myocarditis
of autopsy: as a basis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. H. Magruder Kinsolving M.D.
Address Church Home Date signed 3/9/42

VS 1

F 89962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

F 89962 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give full names and correct age in each case where it is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 763 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 763 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry E. March

3 (b) If veteran, name war: 1C

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Hazel March
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13th 1878

8. AGE: Years	Months	Days	If less than one day
63	9	25	hr. min.

9. Birthplace Pa. (town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business Building

FATHER
12. Name Henry March
13. Birthplace Pa

MOTHER
14. Maiden Name Rachel B. Stickel
15. Birthplace Pa

16 (a) Informant David S. March
(b) Address 3911 Cedarcroft Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/11/42 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Salem Church
Location Dover Pa

18 (a) Funeral director McKeiam Cook
(b) Address 1363 St. Paul St

19 (a) MAR 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941 to March 6 1942 and that I last saw him alive on March 4 1942

Immediate cause of death: Acute Cardiac Dilatation — Duration: One day
Due to: Chr. myocarditis
Due to:
Other Conditions: Cardio Vascular disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Glassman M. D.
Address 753 W. Fayette St Date signed March 9, 42

F 89963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 F 89963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Either print or type. Please fill in all items. Use "None" where necessary. If unknown, give your best estimate. Be sure to answer each question. Please do not omit any answer because you think it unimportant. Please write in full the name of the city or town. Do not use abbreviations. Do not write in the space marked "Registered No." Please write in ink. Please write the cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure to fill in items 19 and 20. Please sign your name as you usually write it. Please see that your certificate is complete and correct after it is signed. Please report at once any information you may have which will help to complete this certificate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Holbrook St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Hoggson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George B Hoggson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 3 1868
8. AGE: Years 73 | Months 3 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Mohrmann
15. Birthplace Germany

16 (a) Informant Georgia Kennedy
(b) Address 1422 Holbrook St

17. Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1217 E Oliver St

19 (a) MAR 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1942 to March 9 1942, and that I last saw her alive on 3/7 1942.

Immediate cause of death: Ventricular Thrombosis Cardio-Vascular Renal Disease. — Duration: 2

Due to

Due to

Other Conditions: Bronchial Asthma — Duration: 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Klein, M. D.
Address 206 E. Preston St Date signed 3/9/42

F 89964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Make entries for all items. If unknown or if not applicable, write none. Physicians: please write the causes of death clearly and legibly. Cause of death may be entered on either line, depending on how many causes. Please fill in items 21, 22, and 23. Do not conceal any facts concerning any deaths. Omission, errors, or falsifications are punishable by law. Please answer all questions. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3013 Mayfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Mayfield Ave (If rural, give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E Burgan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-07-5421

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma D Burgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 11, 1879
8. AGE: Years 62 Months 8 Days 28 If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Sales
11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: Wilhelm J Burgan
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Emma D Banks
15. Birthplace: 3013 Mayfield Ave

16 (a) Informant: Emma D Burgan
(b) Address: 3013 Mayfield Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Md
Location: Baltimore Md
18 (a) Funeral director: Wilhelm Bros
(b) Address: 1317 N Gay St
19 (a) MAR 10 1942 (b) H Easton Williams MD
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 2, 1941 to March 9, 1942; and that I last saw h[illegible] alive on March 7, 1942.

Immediate cause of death: Coronary Thrombosis — Duration
Due to:
Due to:
Other Conditions: Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Paul Schenker M D
Address: 1919 E. North Ave Date signed: 3/9/42

F 89963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 89963 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Give correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 E 35th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 E 35th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J Simmons Shuck

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary E Shuck | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2. 1847

8. AGE: Years 94 | Months 8 | Days 6 | If less than one day: hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation: Common Collector Retired

11. Industry or business:

FATHER — 12. Name John B Shuck

13. Birthplace Md

MOTHER — 14. Maiden Name Harriett C Ritter

15. Birthplace Md

16 (a) Informant Armond D E Shuck

(b) Address 514 E 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Baltimore Md

18 (a) Funeral director Mulhorn Co

(b) Address 1217 E Fort St

19 (a) MAR 10 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2, 1942 to March 8 1942. and that I last saw him alive on March 8, 1942.

Immediate cause of death: Bronchopneumonia. — Duration: 7 days.

Due to

Due to

Other Conditions Arteriosclerosis — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Dingeman M. D.

Address 1613 E. North Ave Date signed 3-9-42.

VS 3

F 89966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 89966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made on information supplied by informant. Please give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 N Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert A Holtz

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Billie L Holtz
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Feb 4 1873

8. AGE: Years: 69 | Months: 1 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Foreman Mfg Confr
11. Industry or business: A Schaffer Co

FATHER
12. Name: George Holtz
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Lovina Reinoehl
15. Birthplace: Baltimore Md

16 (a) Informant: Billie L Holtz
(b) Address: 914 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Third Lane Md

18 (a) Funeral director: Wilhelm Bros
(b) Address: 1717 N Eutaw St

19 (d) MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1942 to March 8 1942, and that I last saw him alive on March 7 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	14 Days
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Conrad Bode M. D.
Address 1905 Maryland Ave Date signed 4-9-'42

F 89967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-C

F 89967

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1307 N.Fulton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ******

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1307 N.Fulton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

16 W 12

3 (a) FULL NAME: Mamie Kelleher

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Married

6 (b) Name of husband or wife: Daniel Kelleher

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 28, 1895

8. AGE: Years	Months	Days	If less than one day
46	7	08	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER

12. Name W.Bendon

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Margaret Hudson

15. Birthplace Cristfield Md.

16 (a) Informant Daniel Kelleher

(b) Address 1307 N.Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Robert S.Little

(b) Address 2700 Edmondson Ave.

19 MAR 10 1942 (Date received by Registrar)

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942 to 3-8 1942 and that I last saw h[illegible] alive on 3-7 1942

	Duration
Immediate cause of death: acute edema - glottis	1 day
Due to: Acute Laryngeo-tracheo Bronchitis	6 days
Due to:	
Other Conditions: Adenoma - Thyroid	6 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ramon R. Klemm M. D.

Address 1101 N Fulton Date signed 3/9/42

F 89968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age, is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Toots Olden Alias William Johnson

3 (b) If veteran, name war, Spanish American

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lula Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1881

8. AGE: Years 60 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Alexandria Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Ned Olden
13. Birthplace Va

MOTHER
14. Maiden Name Martha Carson
15. Birthplace Va.

16 (a) Informant Lula Johnson
(b) Address 906 N. Durham St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 11 1942 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs R W Elliott & Daughter
(b) Address 1129 N. Carlin's St

19 (a) MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1942 to Mar 6 1942 and that I last saw h alive on March 5 1942.

Immediate cause of death: Acute Regurgitation — Duration: 1 mo

Due to:

Due to:

Other Conditions: Hypertension — 1 mo
Chronic Nephritis — 1 mo
(Include pregnancy within 3 months of death)

Date of operation: Autopsy

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benn Hoon
Address 1207 N Carlin Date signed 3/10/42

VS 3

F 89969

SS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No.

F 89969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1204 Eager Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Mast

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1860

8. AGE: Years	Months	Days	If less than one day
81	10	4	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant B. C. H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 - 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd.

18 (a) Funeral director Henry Horak & Sons Inc

(b) Address 1301 E. Eager St.

19 (Date received by Registrar) MAR 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1942, at 6-50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1942 to 3-8 1942, and that I last saw h alive on 3-8 1942

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic H. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard R. Rathbun M. D.

Address Balt. City Hosp Date signed 3-9-42

VS 8

F 89970

BALTIMORE CITY HEALTH DEPARTMENT 194 2

CERTIFICATE OF DEATH

Registered No. E 89970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 S Baylis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 S. Baylis St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CORNELIUS J. MARTIN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213 09 3149

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife MARY R. MARTIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 11 1893

8. AGE: Years	Months	Days	If less than one day
48	3	23	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation CHECKER
11. Industry or business SPARROWS POINT

FATHER
12. Name KARL MARTIN
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE 2.
15. Birthplace GERMANY

16 (a) Informant MARY R. MARTIN (WIFE)
(b) Address 1201 BAYLIS ST.

17 (a) BURIAL (b) Date thereof MAR. 9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. WOLFE ST.

19 MAR 10 1942 Huntington Williams M.D.
(Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 42 at 1 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Waldenmeier M.D.
Asst Medical Examiner.
Date signed 3-6-42

VS 6

F 89971 F 89971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2255 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2255 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine M. Hauf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Albert J. Hauf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1876.

8. AGE: Years	Months	Days	If less than one day
65	9	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name John Luber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Norbert A. Smith (Son)
(b) Address 2255 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11/42. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Weitzel
(b) Address 4101 Edmondson Ave.

19 (a) (Signature of registrar) (b) Registrar

MAR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942 to March 8 1942 and that I last saw h[illegible] alive on March 8 1942

Immediate cause of death	Duration
Pneumonia	
Acute Catarrhal Bronchitis	
Due to	
Due to	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norbert A. Smith
Address 2457 W. Baltimore Date signed 3/9/42 M. D.

F 89972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 89972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Harry Hooper

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Cora Ryland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1867

8. AGE: Years	Months	Days	If less than one day
74	11	15	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Retired

FATHER
12. Name Jas. Hooper
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary S. Lightner
15. Birthplace Balto.

16 (a) Informant Mrs. Mullan
(b) Address 114 S. Gettings St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Edmondson Ave.

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave.

19 MAR 10 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942, to March 9 1942, and that I last saw h[illegible] alive on March 7 1942.

Immediate cause of death: Fracture of the 6th, 7th and 8th ribs and tear of Left lung

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Not known Accident
(b) Date of occurrence Not known March 6 M
(c) Where did injury occur? Baltimore Carr Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Not known (Specify type of place) While at work?
(e) Means of injury Not known Fallen struck

23. Signature W. H. Patterson

Address 2214 Reservoir St. Date signed 3/10/42 M. D.

VS 3

F 89973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 89923

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Mondawmin Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Mondawmin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Rebecca Hissey

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John T. Hissey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/1847

8. AGE: Years 94 | Months 11 | Days 12[14] | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Benjamin F. Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Rachael Jean
15. Birthplace Prince George Co. Md.

16 (a) Informant Miss Minnie Hissey
(b) Address 3309 Mondawmin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Wm. D. Jickling & Son
(b) Address North & Va. aves.

19 (a) MAR 10 1942 (Registrar's signature) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to March 9 1942 and that I last saw h[illegible] alive on Feb 24 1942.

Immediate cause of death: Myocarditis, Arteriosclerosis — Duration: about 6 mo.
Due to: ?
Due to:
Other Conditions: Arterio-sclerosis, Hypertension — ?
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Stuckert M.D.
Address 2220 Garrison Blvd. Date signed 3/9/42

F 89974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 89974

PLEASE WRITE PLAINLY, WITH UNUSUAL CARE. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E. 25th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E. 25th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Charles Tantz

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie A. Tantz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 21, 1867

8. AGE: Years: 74 | Months: 6 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Retired Stock Clerk
11. Industry or business

FATHER
12. Name: Charles Tantz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Minnie A. Tantz
(b) Address: 215 E. 25th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 (Date received) MAR 10 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1942, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to March 9 1942 and that I last saw h alive on March 8 1942.

Immediate cause of death: Carcinoma of Liver — Duration:
Due to:
Due to:
Other Conditions: Gravid carcinoma Toxis
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: Norm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: B. Kadin M. D.
Address 2306 Eutaw Pl Date signed 3-10-42

F 89975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

F 89975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not abbreviate. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Brunswick St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Brunswick St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J. Cavanaugh

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9622

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Cavanaugh
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) August 29, 1895

8. AGE: Years	Months	Days	If less than one day
46	6	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Crane Operator
11. Industry or business Bartlett Hayward Co.

FATHER
12. Name Thomas Cavanaugh
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore

16 (a) Informant Mary E. Cavanaugh
(b) Address 919 Brunswick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) Date received MAR 10 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to March 8 1942 and that I last saw h. alive on March 4 1942

Immediate cause of death. Acute Cardiac Dilatation — Duration 18 Hrs.
Due to Rheumatic Heart Disease Mitral Stenosis — Duration 6
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M.D.
Address 3321 Fred. Date signed 3-9-42

F 89976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 89976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1144 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1144 Washington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

67

3 (a) FULL NAME Sophie Keim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife E. Lawrence
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 28, 1884

8. AGE: Years	Months	Days	If less than one day
57	11	8 10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Frederick Mausdorfer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr E. Lawrence Keim
(b) Address 1144 Washington Blvd

17 (a) Burial (b) Date thereof 3/12/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave

18 (a) Funeral director John J. Conroy & Son
(b) Address 901 Hollins St.

19 MAR 10 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1941 to 3-8 1942 and that I last saw her alive on 3-8 1942.

Immediate cause of death	Duration
Acute Cardiac Failure	10 days
Due to Chronic Myocarditis	4 yrs
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph E. Lawrence
Address 629 Washington Blvd Date signed 3/10/42

VS 3

F 89977

F 89977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 3853

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Division St. (If rural give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Louise Gant

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Widow

6 (b) Name of husband or wife Charles Gant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
45	?	?	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business Home

FATHER
12. Name William Foot
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Harriet Gant
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Viola Trott - daughter
(b) Address 1420 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Olivet

18 (a) Funeral director George F. Kelso
(b) Address 1303 Pennsylvania Ave

19 MAR 10 1942 (Date Rec'd by Local Registrar) (b) Huntingtown Prince Georges Co, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to March 1942, and that I last saw her alive on March 1 1942.

Immediate cause of death: Carcinoma breast with multiple metastases — Duration: 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation May 1938
Major findings of operation: Carcinoma
of autopsy: not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Obermark
Address Johns Hopkins Hosp Date signed 3/9/42

VS 8

F 89978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 89978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1942 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	M

6 (b) Name of husband or wife James
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 23, 1902

8. AGE: Years	Months	Days	If less than one day
39 40	8	11	hr. min.

9. Birthplace St. Marys Co. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Medley
13. Birthplace St. Marys Co

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Self
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. County

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4 1942, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1942 to 3/4 1942
and that I last saw her alive on 3/4 1942

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Stevens
Address Mercy Hospital Date signed 3/4/42

F 89979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132-B F 89979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Fayette
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1033 N. Eutaw (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Primas Adams
13. Birthplace No. Carolina

MOTHER
14. Maiden Name Eliz. Krutz
15. Birthplace No. Carolina

16 (a) Informant Horace Johnson
(b) Address 1033 N. Eutaw

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Park Drive

19 (a) MAR 10 1942 (Date rec'd by registrar) Routing for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 1942 at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to March 6 1942 and that I last saw h. alive on March 6 1942

Immediate cause of death: Ventricular fibrillation, shock

Due to: Intestinal obst. & intussusception

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Duration: 8 hrs.

Date of operation:

Major findings of operation: Obstruction of large bowel & adhesions

Findings of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Shuttan M. D.
Address Date signed

VS 3

F 89980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 89980

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 South Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Francis Machlinska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Jacob Machlinska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1875

8. AGE: Years 66 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Trydzychowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Jacob Machlinska
(b) Address 310 S Smallwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette Sts

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1942 to Mar 8 1942, and that I last saw h[illegible] alive on Mar 8 1942

Immediate cause of death Diabetic Coma — Duration 1 day

Due to Diabetes mellitus

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Barnett

Address Mercy Hosp Date signed 3/8/42 (M. D.)

F 89981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

F 89981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5139 Weatherwville Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5139 Weatherwville Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth E. Tucker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Robert L. Tucker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th, 1861

8. AGE: Years	Months	Days	If less than one day
80	11	2	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lancelott Hobbs
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Matilda Grimes
15. Birthplace Howard Co. Md.

16 (a) Informant Oscar M. Tucker
(b) Address 2300 Tucker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-42 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockaway, Md.

18 (a) Funeral director Frederick G. Cole
(b) Address 1700 E. Lombard St.

19 Filed MAR 10 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7th 1942, at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 7 1942 and that I last saw her alive on March 7 1942.

Immediate cause of death myocarditis — Duration 2 mo.
Due to
Due to myocarditis — 2 mo.
Other Conditions arteriosclerosis — 7
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, ~~or homicide~~
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Walter Stabler
Address 222 Harrison Date signed 3/9/42 M. D.

VS 3

F 89982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 89982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Zeitvogel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Anton Zeitvogel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1864

8. AGE: Years	Months	Days	If less than one day
78	1		hr. min.

9. Birthplace Hunguary
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Phillip Prince
13. Birthplace Hunguary

MOTHER
14. Maiden Name Lena ?
15. Birthplace Hunguary

16 (a) Informant Peter Zeitvogel
(b) Address 1615 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (Month, day, year)
(c) Cemetery or crematory Mount Cathedral
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 42 00 W. Lombard St.

19 MAR 18 1942 (b) Huntington Wilkens Ave. Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1941 to Mar 8 1942 and that I last saw h alive on Mar 8 1942

Immediate cause of death	Duration
Due to Carcinoma of stomach	6 mos
Due to	
Other Conditions Congestive heart failure	1 day

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 1030 Wilkens Ave. Date signed 3/19/42

F 89983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 89983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caraline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 North Port St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sue Ellen Owens (Butler F 43-94)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F. 5. Color or race W. 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age – years
7. Birth date of deceased (mo., day, yr.) Jan 29-42
8. AGE: Years | Months 1 | Days 10 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business None
FATHER 12. Name George H. Owens
13. Birthplace Balto.
MOTHER 14. Maiden Name Elizabeth Danton
15. Birthplace Balto.
16 (a) Informant Father
(b) Address 27 N. Port St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 11 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Ballair Rd
18 (a) Funeral director Mart W. E. Dippel
(b) Address 37 S. Ann St.
19 (a) A. D. (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 10:55 PM
21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1942, to March 9 1942, and that I last saw her alive on March 9 1942.

Immediate cause of death	Duration
Toxemia	
Due to Adynamic Ileus	2 days
Due to Lobar Pneumonia, rt	2 days
Other Conditions Congenital stenosis of the sigmoid (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Colmanson M. D.
Address N. Eutaw Place Date signed 3-9-42

VS 3

F 89984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 89984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ISAAC LABORDE

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4187

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Julia Laborde
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1901

8. AGE: Years	Months	Days	If less than one day
40	11	5	hr. min.

9. Birthplace Aiken S.C. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER 12. Name David Laborde
13. Birthplace Edgefield S.C.

MOTHER 14. Maiden Name Hannie Jenkins
15. Birthplace Edgefield S.C.

16 (a) Informant Jerome Winfield
(b) Address 307 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 S Schroeder St

19 MAR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Mar 6, 1942 at 10:14 A.M.
(c) Where did injury occur? Saratoga St and Mount. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Revolver - Shot during -
23. Signature H. L. Wallenmeier M.D.
Date signed 3-7-42 Coroner Medical Examiner.

VS 6

F 89985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 107

F 89985
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Boyd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Helen Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 40 Months Days If less than one day hr. min.

9. Birthplace Balto. Md (Town, county and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER 12. Name Thomas Brown

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Estella Bolton

15. Birthplace Balto Md.

16 (a) Informant Milton Brown

(b) Address 145 S. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 327 N Schroeder St

19 MAR 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6th 1942 at 12 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, lobular	
Due to: Chronic alcoholism	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 3-6-42

VS 6

F 89986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-D F 89986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1340 W Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 W Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Othelma Howard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1938

8. AGE: Years	Months	Days	If less than one day
3	7	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Thomas Hanks
13. Birthplace Balto Md

MOTHER 14. Maiden Name Othelma Howard
15. Birthplace Leesburg Va

16 (a) Informant Thelma Hanks
(b) Address 1340 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3224 Schroeder St

19 (a) MAR 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 7 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxia by Strangulation by rope around neck
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/7/42 at 6 30 P M
(c) Where did injury occur? 1340 W. Lafayette Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell from Hunter

23. Signature H. Williams M.D. Medical Examiner
Date signed 3/9/42

VS 6

F 89987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 Registered No. F 89987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 E 31st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 E 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie G. Eckhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife Conrad Eckhardt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1853

8. AGE: Years	Months	Days	If less than one day
88	6	19	1 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Henry Hulsemann

13. Birthplace Baltimore

MOTHER 14. Maiden Name Cly Unger

15. Birthplace Hanover.

16 (a) Informant Mrs Kane

(b) Address 1617 E 31st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd

18 (a) Funeral director John J. Fahey Sons

(b) Address 136 Light St.

19 (a) MAR 10 1942 Huntington Ave. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 19 42 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 19 42 to 3/8 19 42 and that I last saw h[illegible] alive on Mar 6 19 42

Immediate cause of death Senile Bronchitis Cl. Vas. Heart Dis.

Duration 2 days. ?

Due to Pneumonia Hos apt

Due to arterio-sclerosis ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C H Mayer D

Address 1527 E 33rd Date signed 3/9/42

VS 3

F 89988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 89988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 438 N Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 N Lakewood (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Medora F Shipley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife John H Shipley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 30, 1867
8. AGE: Years 74 | Months 7 | Days 8 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Conrad Brussell
13. Birthplace Sweden

MOTHER
14. Maiden Name Amelia Smink
15. Birthplace Germany

16 (a) Informant Florence Smith
(b) Address 438 N Lakewood
17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mon 11 42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md
18 (a) Funeral director John Ulrich
(b) Address 2008 Oakman Ave
19 (a) MAR 10 1942 (Date rec'd by registrar) Huntington, W. Virginia, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27- 1942 to 3-8- 1942, and that I last saw her alive on 3-8- 1942

Immediate cause of death: Cerebral apoplexy — Duration 2-27-42
Due to: Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton C. Lang M. D.
Address 2117 Belair Rd Date signed 3-9-42

F 89989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 Registered No. F 89989

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans Sts.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Ennis

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-5007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Catherine Ennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Bar Keeper
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Ireland

MOTHER
14. Maiden Name Dont Know
15. Birthplace Ireland

16 (a) Informant John P Ennis
(b) Address 1702 Mount Pleasant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Rural

18 (a) Funeral director John Ellis
(b) Address 200 E Orleans St

19 (Registrar) MAR 10 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8 1942 at 5:00 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 3/6 1942 to 3/8 1942 and that I last saw h[illegible] alive on 3/8 1942

Immediate cause of death Acute Heart Failure

Due to Pneumonia Lobular (Catarrhal) of Left

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
1 week
1 day
Minutes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. V. Gonzales
Address St Joseph's Hospital Date signed 3/8/42

VS 3

F 89990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 89990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Orleans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maude Righter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Charles Righter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 / 9 / 1872

8. AGE: Years	Months	Days	If less than one day
69	9	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace

MOTHER
14. Maiden Name Don't Know
15. Birthplace Charles Righter

16 (a) Informant
(b) Address 227 N Chapel St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March 12/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

MAR 10 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 5.30 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to March 8 1942 and that I last saw h[illegible] alive on March 8 1942

Immediate cause of death: Acute Cardiac dilatation — Duration: Mod 8d

Due to: Lobar Pneumonia — 1 wk 2 wks

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rogers
Address 801 E. Lexington St Date signed March 9 1942

VS 8

F 89991

DePotestad

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 89991

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ~~Baltimore~~

(c) City or town Catonsville, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 100 N. Rolling Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. DePotestad

3 (b) If veteran, name war — 3 (c) Social Security Account No. None

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Married	Alice Lee George DePotestad	years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1863

8. AGE: Years	Months	Days	If less than one day
78	3	10 1/2	hr. min.

9. Birthplace Georgetown D.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name	Bernard Louis de Potestad
FATHER — 13. Birthplace	Spain.
MOTHER — 14. Maiden Name	Mary Isabella Rebecca Chapman
MOTHER — 15. Birthplace	Virginia

16 (a) Informant Mrs. R.E.K. de Potestad

(b) Address 100 N Rolling Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1942 (month) (day) (year)

(c) Cemetery or crematory St. John's Cem.

Location Ellicott City

18 (a) Funeral director Easton Sons

(b) Address Ellicott City.

19 MAR 10 1942 (Date rec'd by registrar) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1942, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27-1942, to 3-9-1942, and that I last saw ~~him~~ alive on 3-9-1942

Immediate cause of death Cardio-respiratory failure — Duration

Due to Asthma, pneumonia, cardiac dilatation. — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. J. Dobbs M. D.

Address University Hospital Date signed 3-9-42

VS 1

F 83992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 83992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Conkling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

56

3 (a) FULL NAME Infant Lee Matheny

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Child
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8. 1942

8. AGE: Years | Months | Days | If less than one day: 10 hr. 30 min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Dr. Lee Matheny Jr.
13. Birthplace Va

MOTHER
14. Maiden Name Jennie Schutkowski
15. Birthplace Baltimore

16 (a) Informant Lee Matheny
(b) Address 1029 Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Fred W. Ozanski
(b) Address 1930 Eastern Ave

19 Filed MAR 10 1942, 19[illegible]. Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9, 1942, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8-1942 to 3-9-1942 and that I last saw him alive on 3-9-1942

Immediate cause of death: Atelectasis — Duration
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William L. Moller, M. D.
Address Univ. Hosp. Date signed 3-10-42

F 89993

SS 72244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 89993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Southern Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Kraft.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-0199

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1895

8. AGE: Years	Months	Days	If less than one day
46	10	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Runs Stillery
11. Industry or business National Destillery

FATHER
12. Name Geofge
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Balto Cemy
Location Balto Md

18 (a) Funeral director Leonard Funeral Home
(b) Address 1205 Hollins St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1942, at 10 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942 to 3-8 1942 and that I last saw h alive on 3-8 1942.

Immediate cause of death Lobar Bronchopneumonia — Duration 2 days

Due to Spontaneous pneumothorax — 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca abst

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbone M. D.
Address Balto. City Hosp Date signed 3-9-42

F 89994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 89994

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10

3. (a) FULL NAME Elizabeth Lucy Mardaga

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 25 1870

8. AGE: Years	Months	Days	If less than one day
72	1	14	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Tailoress (Mens clothing)

11. Industry or business clothing factory

FATHER
12. Name Ferdinand Mardaga
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Pfeiffer
15. Birthplace Germany

16 (a) Informant Matilda Wegner

(b) Address 1008 Cathedral

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto

18 (a) Funeral director Leonard Hagen

(b) Address 1305 Hanover St

19 (a) MAR 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1942, at 1A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock —	
Due to Multiple compound comminuted fractures	
Due to Internal injs	
Other Conditions Multiple abrasions contusions.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-7-42 at 5.20 P M
(c) Where did injury occur? In front 9422 Belair Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature Edward J. Swallen M.D. Medical Examiner.

Date signed 3-9-42

VS 6

F 8995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 8995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5718 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter J. Lentz

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie F. Lentz
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 27- 1893

8. AGE: Years	Months	Days	If less than one day
48	6	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Passenger Service
11. Industry or business B & O R.R. Co

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Nellie F. Lentz
(b) Address 5718 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

18 (a) Funeral director Leonard J. Myers
(b) Address 2305 Harford Rd.

19 (a) MAR 10 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8- 1942, at 3.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon, and from the evidence obtained by said Autopsy or Inquiry, have that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Acute Hemorrhage
Due to Spontaneous
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Muldeis M.D. Medical Examiner.
Date signed 3-9-42

VS 6

Spec.—7-17-39—A Co.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 89996

CERTIFICATE OF DEATH

157-E F 89996

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 S. East Ave. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Dolores Lowery

(a) RESIDENCE NO. 809 S. East Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 7 1942

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander P. Lowery

11 BIRTHPLACE OF FATHER (City or town) Deceased

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Barbara E. Hopkins

13 BIRTHPLACE OF MOTHER (city or town) Deceased

(State or country) Virginia

14 Informant Father

(Address) 809 S. East Ave

MAR 10 1942

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1942

17 I HEREBY CERTIFY, That I attended deceased from March 7 1942 to March 10 1942

that I last saw her alive on March 8 1942

and that death occurred, on the date stated above, at 8:35 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Irvine P. Kleinkauf M. D.

. 19 (Address) 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Carmel	3/11 1942
20 UNDERTAKER Clarence F. Hoffman	ADDRESS 1639 Orondo

N. B.—WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD—TYPEWRITER PREFERRED. Full name of deceased should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 89997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 89997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Ravenswood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Ravenswood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ebie E. Baltrider

3 (b) If veteran, name war — no
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles E. Baltrider
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1872

8. AGE: Years	Months	Days	If less than one day
69	3	23	hr. min.

9. Birthplace Key West, Florida (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name John R. Pierce
13. Birthplace Fla.

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Fla.

16 (a) Informant Mrs. Mary E. Weide Laughlin
(b) Address 3301 Ravenswood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co. Md.

18 (a) Funeral director R. Howard Evans
(b) Address 1402-04 E. Baltimore St.

19 MAR 10 1942 (b) Huntington Pottsville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8. 1942 92 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 - 1942 Mar 8, 1942 and that I last saw h. alive on Mar 7 1942

Immediate cause of death Apoplexy — Duration 2 hrs
Due to Hypertension — 2 yrs
Due to Chronic Nephritis — 4 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Hamburger
Address 1 E. Lexington St. Date signed 3/9/42

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 89998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered F 89998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glendale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6912 Ridgeway Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wallace #1

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/42

8. AGE: Years	Months	Days	If less than one day
			18 hr. 51 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Wallace
13. Birthplace Beaumont, New York

MOTHER
14. Maiden Name Freda Judd
15. Birthplace Brooklyn, New York

16 (a) Informant Freda Wallace
(b) Address 6912 Ridgeway Road, Glendale, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location MAR 10 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Md.

19 MAR 10 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1942, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4, 1942, to Mar. 5 1942, and that I last saw h[illegible] alive on Mar. 5, 1942.

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. R. Dolowey
Address Sinai Hosp. Date signed 3/9/42

VS 1

8011

89999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

Registered No. E 89999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6912 Ridgeway Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Wallace #2
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Wallace
13. Birthplace Chaumont, New York

MOTHER
14. Maiden Name Freda Judd
15. Birthplace Brooklyn, New York

16 (a) Informant Freda Wallace
(b) Address 6912 Ridgeway Road, Dundalk, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [redacted]
Location [redacted] MAR 10 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 MAR 10 1942 (Signature) Hunting for Williams Mfr.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942, at 11:29 AM

21. I certify that death occurred on the date above-stated; that I attended deceased from Mar. 3 1942 to Mar. 6 1942, and that I last saw h[illegible] alive on Mar. 6 1942

Immediate cause of death (a) Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. R. Doherty
Address Sinai Hosp. Date signed 3/9/42

VS 8

8012

F-90000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-4 Registered No. F-90000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 837 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marvin Norfleet

3 (b) If veteran, name war

3 (c) Social Security Account No. 225-16-8252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lottie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1903

8. AGE: Years	Months	Days	If less than one day
39	11	8	hr. min.

9. Birthplace Norfolk, Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Norfleet
13. Birthplace Brooklyn, N. Y.

MOTHER
14. Maiden Name Mamie Osburn
15. Birthplace South Hill, Va.

16 (a) Informant Mamie Osburn
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk - Va.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Dolphin St

19 MAR 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 7½ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Insufficiency of aortic valves.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kirkpatrick Medical Examiner.
Date signed 3/9/42

E 90001 | 29 1942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

188 Registered No. E 90001

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 N Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tempy Sofie Butler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1897

8. AGE: Years 44 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace A.A. Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Horace Miller
13. Birthplace A.A. Co

MOTHER
14. Maiden Name Sarah Blake
15. Birthplace Calvert Co Md

16 (a) Informant Ray Miller
(b) Address 1117 Sheringham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Arnold Maryland

18 (a) Funeral director Charles W. Alexander
(b) Address 48 North West St. Annap.

19 (a) MAR 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1942 to Mar 10 1942 and that I last saw him alive on Mar 9 1942

Immediate cause of death
Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Rawlett M.D.
Address 601 N Carrollton Ave Date signed 3/10/42

VS 8

F 90002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90002 Registered No.

MC(72301)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5212 St. Charles Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Charles Heck

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosamond R
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1897

8. AGE: Years 44 | Months 6 | Days 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Meat Packer
11. Industry or business

FATHER
12. Name: Ernest (d) Heck.
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Meyer.
15. Birthplace: Maryland

16 (a) Informant: B.C.H. Records
(b) Address: 4940 Eastern Avenue

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/11/42. (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City.

18 (a) Funeral director: C. B. Wilbert's Son
(b) Address: 1300 Eutaw Pl.

19 (Date received by local registrar) MAR 11 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1942 to 3-7 1942, and that I last saw him alive on 3-7 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration 7

Due to: 1

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard K. Waldron M. D.
Address: Balto. City Hosp. Date signed 7-9-42

Physicians: please write the causes of death clearly and legibly. Please write correct age in each case. Correct age is especially important.

F 90003
412621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 90003
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. Lehigh
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Price

3 (b) If veteran, name war NS
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-22-01
8. AGE: Years 40 | Months 11 | Days 18 | If less than one day hr. min.
9. Birthplace NY (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Shop Jobs

FATHER
12. Name Joseph Price
13. Birthplace N.Y.

MOTHER
14. Maiden Name Catherine Cannon
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/42 (month) (day) (year)
(c) Cemetery or crematory Brooklyn
Location Brooklyn Md
18 (a) Funeral director Mathews & Co
(b) Address 1217 St Paul St
19 MAR 11 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 10 1942 at 12.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 7 1942 to MAR 10 1942, and that I last saw HIM alive on MAR 10 1942.

Immediate cause of death Pneumonia of LUL, LLL — Duration 9 days

Due to Type 7 pneumococcus

Due to

Other Conditions alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 3/10/42

* Information relative to cause of death is confidential. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

Huntington Williams M.D.

F 90004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 90004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 W Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Unnamed Marecki (Birth F 45355

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/42

8. AGE: Years	Months	Days	If less than one day
—	—	0	hr. 10 min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Frances Marecke
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Ilene Schaub
15. Birthplace Baltimore Md

16 (a) Informant Frances Marecke
(b) Address 3406 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cathedral
Location W Edmondson Ave

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) [illegible] by [illegible] for Williams M.D.
Registrar

MAR 11 1942

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH Mar 10 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942 to 3/10 1942 and that I last saw [illegible] alive on 3/10 1942

Immediate cause of death PREMATURITY

Duration 4½ min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 3629 E Monument Date signed M 3/10/42 D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1164 E 90005 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 634 W. Lombard St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Brady

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-6972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married-Separated

6 (b) Name of husband or wife Lavinia Brady
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1895

8. AGE: Years	Months	Days	If less than one day
46	11	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation General Finisher
11. Industry or business White Paint Company

FATHER
12. Name John Jacob Brady
13. Birthplace Germany

MOTHER
14. Maiden Name Mary R. Menson
15. Birthplace Baltimore, Maryland

16 (a) Informant Lillian Wilson
(b) Address 1817 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director William Cooke
(b) Address 4217 St. Paul Street

19 (a) MAR 11 1942 (Date rec'd by registrar) (b) Huntington Hollins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 7:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet Wound of Head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence March 7, 1942 at M
(c) Where did injury occur? 634 W. Lombard St Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room While at work?
(Specify type of place)
(e) Means of injury Pistol

23. Signature H. Vanderlyn M.D.
Medical Examiner.
Date signed 3/8/42

VS 6

Please write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

Amelia Buckman

F 90006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Railroad Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mahlon B. Buckman (Amelia)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Mahlon B. Buckman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1876

8. AGE: Years	Months	Days	If less than one day
65	2	19	hr. min.

9. Birthplace Pennsylvania (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John H. Young
13. Birthplace Penn.

MOTHER
14. Maiden Name Amelia Jackson
15. Birthplace Penn.

16 (a) Informant Mahlon B. Buckman
(b) Address 310 Railroad Ave. Glen Burnie

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 14 42 (month) (day) (year)
(c) Cemetery or crematory
Location Phila Pa

18 (a) Funeral director Philip Henry Lord
(b) Address 2024 Orleans St

MAR 11 1942 (Date received by registrar) (Signature) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942 at 3:11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1942 to March 10 1942 and that I last saw her alive on March 10 1942.

Immediate cause of death	Duration
Pulmonary edema	5 hours
Due to Cardiac failure	?
Due to Arteriosclerosis heart disease	?
Other Conditions Bronchial asthma Bronchopneumonia (Include pregnancy within 3 months of death)	20 yrs.

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen F. Dulaney M.D.
Address Union Memorial Hosp. Date signed 3/14/42 M. D.

F 90007 or 12163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90007 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 152 Dolphin Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Mobey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 - 1876

8. AGE: Years	Months	Days	If less than one day
65	11	10	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sam Frizzell
13. Birthplace ?

MOTHER
14. Maiden Name Nancy ?
15. Birthplace ?

16 (a) Informant Records B.C.H.
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Samuel H. Chase & Son
(b) Address 638 N. Gilmor

19 (a) MAR 11 1942 (b) Huntington Williams, M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1942 at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1942, to 3-9 1942 and that I last saw h[illegible] alive on 3/9 1942

Immediate cause of death: Cerebral accident ? — Duration 2

Due to: Hypertension — Duration over 2

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Goodman M. D.
Address Baltimore City Hospitals Date signed 3/10/42

VS 2

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

F 90008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90008 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 W. Lafayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Fox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Aloysius A. Fox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1906

8. AGE: Years 35 | Months 4 | Days 18/16 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert J. Monroe
13. Birthplace md

MOTHER 14. Maiden Name Arena E. Laws
15. Birthplace md

16 (a) Informant Aloysius A. Fox
(b) Address 1106 W Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 12 42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Baltimore

18 (a) Funeral director Samuel H Chase Kon
(b) Address 638 N. Gilmor St

19 (a) MAR 11 1942 (Registrar) (b) Washington Witherspoon, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 1059 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1942 to Mar. 9 1942 and that I last saw her alive on Mar. 9 1942

Immediate cause of death: Congestive Heart Failure — Duration: 5 Weeks
Due to: Mitral Heart Disease
Due to:
Other Conditions: Aortic Aneurysm

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Aortic Aneurysm; C.C. [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Recklemy
Address Provident Hosp. Date signed 3/12/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of cause of death, and correct age is especially important.

Drinkard

F 90009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90009

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 mos
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Rural Indian Head
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence Drinkard Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1939

8. AGE: Years	Months	Days	If less than one day
2	7	7	hr. min.

9. Birthplace Indian Head, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Lawrence R. Drinkard

13. Birthplace St Louis Mo

MOTHER 14. Maiden Name Mildred Brown

15. Birthplace Virginia

16 (a) Informant Father

(b) Address Indian Head, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (month) (day) (year)

(c) Cemetery or crematory Pisgah

Location [redacted] Md

18 (a) Funeral director Hyatt & Ryon

(b) Address Waldorf Md

19 (a) (Date rec'd by registrar) Huntington Williamson

MAR 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1942, at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-10 1942, and that I last saw him alive on 3-10 1942

Immediate cause of death Meningitis — Duration 1 day

Due to Influenza Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sykes M. D.

Address Sydenham Hosp Date signed 3-10-42

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 90010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90010 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Hennenon Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE HOBBS

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George W. Hobbs
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 15, 1896

8. AGE: Years	Months	Days	If less than one day
45 46	11	24	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Rank, Milton
13. Birthplace Russia

MOTHER 14. Maiden Name Green, Ida
15. Birthplace Russia

16 (a) Informant George W. Hobbs
(b) Address 1813 Hennenon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 11 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular	
Due to disease	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-9-42

F 90011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/94 M

F 90011
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Dorchester Rd
(c) Hospital or institution: ~

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., ~~mos., or days.~~) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Dorchester Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

15-10

3 (a) FULL NAME Isidor Perl

3 (b) If veteran, name war ~ | 3 (c) Social Security Account No. ~

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pauline

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 5-16-1892

8. AGE: Years 49 | Months 9 | Days 29 | If less than one day: hr. ~ min. ~

9. Birthplace Russia (State, county, and state)

10. Usual Occupation Restaurant Owner

11. Industry or business Lunch

FATHER
12. Name Mauis Perl
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael Yfilah
15. Birthplace Russia

16 (a) Informant Mike
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (month) (day) (year)
(c) Cemetery Beth Yfilah
Location Mindport Mill Rd

18 (a) Funeral director Jack Louis Inc
(b) 1639 E. Baltimore St

19 (a) MAR 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1942, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1942 to 3/9 1942 and that I last saw him alive on 3/9 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 4 days
Due to: Hypertension — 6 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Yfantsy M. D.
Address 2320 Eutaw Pl Date signed 3/9/42

F 90012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90012

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland ave.
(c) Hospital or institution:
Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1H mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Cooksville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Earle

3 (b) If veteran, name war ++

3 (c) Social Security Account No. ++

4. Sex F.

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Thomas Earle

6 (c) If alive, give age ~~dd~~ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1858

8. AGE: Years 83 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Robert Earle
13. Birthplace Ireland

MOTHER
14. Maiden Name Unk. Gorman
15. Birthplace Ireland

16 (a) Informant Mrs. Wm. B. Selby
(b) Address Glenelg, Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Harmony Cem.
Location Howard Co., Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 MAR 11 1942 (Date received) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/42 19 39 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21/41 19 to 19, and that I last saw her alive on 3/8/42 19.

Immediate cause of death
Cardio Vascular
Due to Disease

Duration
10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Wheaton M. D.

Address 4309 York Rd Date signed 3/9/42

VS 3

F 30013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95-c

Registered No. F 30013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Madison Ave
(c) Hospital or institution:
Elks Hall
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Lauretta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caiphus Sefrit Wells Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-5524

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age 2[illegible] years

7. Birth date of deceased (mo., day, yr.) 8/5/1923

8. AGE: Years 18 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laundry Worker

11. Industry or business

FATHER 12. Name Caiphus Wells Sr
13. Birthplace Chester Co. S.C.

MOTHER 14. Maiden Name Florence Johnson
15. Birthplace Baltimore Md

16 (a) Informant Police
(b) Address N. W Station

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus
Location Baltis Co

18 (a) Funeral director Joseph L. Russ
(b) Address 1346 N Carey st.

19 MAR 11 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942, at 11:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration:
Due to Acute Congestive Cardiac Failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Moseley M.D.
Medical Examiner.
Date signed 3-9-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 90014 Hübschman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90014

RC(72378)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Patapsco Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Hübschen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Carrie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? ? ? 1893
8. AGE: Years 59 Months Days If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Unemployed

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Krieg(d)
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Location a. a. Co.
18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light Street
19 (a) MAR 11 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1942 at 6 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1942, to 3-9 1942, and that I last saw h alive on 3-9 1942.

Immediate cause of death	Duration
Pneumococcal meningitis	2 days
Due to Lobar pneumonia	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 3-10-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90015 CERTIFICATE OF DEATH 131-a F 90015

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Biddle St. 11th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Wesley

(a) Residence: No. 222 N. Biddle St., Ward. S.S. No. 215 05-1346
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 2-26-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	11 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunsboro Ga

FATHER

13. NAME William Wesley.

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Annie Cain

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Florence Wesley
(Address) 222 N. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lubyrn Cem Date 3-11 1942

19. UNDERTAKER William A Jackson
(Address) 916 Penna ave

20. MAR 11 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1942 to March 7, 1942

I last saw h. alive on March 7, 1942 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cardio-Vascular Renal Lesions	2
Uremia - Pneumonia	1

Other significant conditions of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

INSTRUCTIONS: Physicians are especially requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

F 80016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 Registered No.

F 90016

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Chesapeake Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Louise Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23rd 1935

8. AGE: Years 6 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Gardner
13. Birthplace Md

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof March 11-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cem.
Location Balto or Towson Md.

18 (a) Funeral director Bafford & Francis H. Knight
(b) Address 721 Edgewood St Balto, Md.

19 MAR 11 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1942 for 1½ hrs.
and that I last saw her alive on 3/9 1942

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Convulsions
Due to:
Other Conditions: Petit Mal Epilepsy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollack M.D.
Address J.H.H. Date signed 3-7-42

PRESS WHITE PENCIL WITH ONE ADDING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 30017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 30017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2789 Alameda
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen M. Nelson

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	22	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Capt. Lawrence Pistel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Esther Hahn
15. Birthplace Washington D. C.

16 (a) Informant Mrs. Esther A. Steinmetz
(b) Address 2789 Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAR 11 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24-1938 to 3-9-1942 and that I last saw her alive on 3-9-1942

Immediate cause of death: Uremia — Duration: Jan 1942
Due to: Hypertensive cardiovascular disease — Duration: Two years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Systant M. D.
Address 2802 Harford Rd. Date signed 3-11-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Answer each question. Do not leave any blank. If none, write None, or insert correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 90018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 90018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James J. Mac Farlane

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Mac Farlane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 6, 1868

8. AGE: Years	Months	Days	If less than one day
74	1	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business

FATHER
12. Name James Mac Farlane
13. Birthplace Windsor, Conn.

MOTHER
14. Maiden Name Sarah Randall
15. Birthplace Randallstown, Md.

16 (a) Informant Mrs. Marie Bonsall
(b) Address 407 S. Smallwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKLER & SONS
(b) Address North & Pa. Ave.

19 MAR 11 1942 (b) Huntington Williams M.D.
(Must be filed by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 19 42, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942, to Mar 9 1942, and that I last saw him alive on Mar 9 1942.

Immediate cause of death	Duration
Due to Bronchopneumonia	10 days
Due to	
Other Conditions Acute Edema of Larynx	2 hrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. F. Campbell M. D.
Address 1644 Hanover St Date signed 3/10/42

F 30019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 30019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6400 Pasteurtown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Joseph Downey

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-4617

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2. 1879

8. AGE: Years	Months	Days	If less than one day
62	9	8	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Laborer - Watchman

11. Industry or business

FATHER
12. Name John Downey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Corcoran
15. Birthplace England

16 (a) Informant Mrs. Regina Downey
(b) Address 4708 Springlake Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Francis, Abingdon
Location Abingdon, Md.

18 (a) Funeral director William J. Tuckwell Sons
(b) Address Bond & Pat.

19 MAR 11 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at 7 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to Mch 10 1942, and that I last saw him alive on Mch 10 1942.

Immediate cause of death: Left cerebral apoplexy with right side hemiplegia — Duration: over 6 wks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Damian P. Alagna M. D.
Address 33 Hopkins Place Signed

VS 2

F 90020 · BALTIMORE CITY HEALTH DEPARTMENT · F 90020

CERTIFICATE OF DEATH 30-c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Waufman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 21 - 1876

8. AGE: Years 36 35 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER 12. Name: L. Williams
13. Birthplace: Baltimore

MOTHER 14. Maiden Name: Rose Whittington
15. Birthplace: Md

16 (a) Informant: Irene Duvall
(b) Address: 1343 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 14 42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem Co
Location: Balto Co

18 (a) Funeral director: Rayner Sanders
(b) Address: 1412 E. Preston St

MAR 11 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26- 1942 to 3-9- 1942 and that I last saw h[illegible] alive on 3-9-42 1942.

Immediate cause of death: Subarachnoid Hemorrhage

Due to: Menings-vascular lues

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R. L. Jackson M. D.
Address: 600 N Arlington Ave Date signed 3-10-42

VS 2

W. L. Wollenweber, M.D. Asst Medical Examiner

F 90021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 90021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. LEE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: W
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1872
8. AGE: Years: 70 | Months | Days | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace

MOTHER
14. Maiden Name: Not Known
15. Birthplace

16 (a) Informant: W. Windfield
(b) Address: 1722 Orleans Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/13/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location

18 (a) Funeral director: Elroy Wilson
(b) Address: 1000 Edmondson Ave

19 (a) MAR 11 1942 (Date rec'd by registrar) Hunting & Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1942 at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenweber M.D. Medical Examiner.
Date signed 3-9-42

V8 6

F 90022 F 90022

BALTIMORE CITY HEALTH DEPARTMENT 93 D Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Caroline at (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Murray

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mattie
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1888

8. AGE: Years 53 | Months 3 | Days | If less than one day: hr. min.

9. Birthplace: Virginia (town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business

FATHER
12. Name: James Murray
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Not Known
15. Birthplace: —

16 (a) Informant: John Murray Jr.
(b) Address: 30 N. Caroline at

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory
Location: Chesterfield, Va

18 (a) Funeral director: Ruby Wilson
(b) Address: 1000 Pleasant Ave Huntington for Hollywood, Md

19 MAR 11 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION 1.15

20. DATE OF DEATH March 10, 1942 at 0956 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 3-10 1942 and that I last saw him alive on 3-10 1942

Immediate cause of death: Hypertensive cardiovascular disease — Duration: indefinite
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Rayner Browne
Address 1510 E. Mad. St Date signed 3/11/42

F 90023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90023 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 16 1853

8. AGE: Years	Months	Days	If less than one day
65	3	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Paper Route
11. Industry or business

FATHER
12. Name Nathaniel S White
13. Birthplace Md

MOTHER
14. Maiden Name Georgeanna Dashiell
15. Birthplace Md

16 (a) Informant Mrs Emma Johnson
(b) Address 2735 Tyndall Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olive
Location Roslyn Md
18 (a) Funeral director William M. Mosack
(b) Address 715 E. Eight St Huntingdon Williams, M.D.

MAR 11 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1942 at 11:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 3/9/42

VS 6

F 30624 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

151-E Registered No. FF 90024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
Street and No. 5303 Midwood Ave. (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Eugene Hellemanssen (Birth F-44607)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16, 1942

8. AGE: Years	Months	Days	If less than one day
		22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Esagwal Hellemanssen
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Evelyn Norman
15. Birthplace Nebraska

16 (a) Informant Parents
(b) Address Same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/11/42 (month) (day) (year)
(c) Cemetery [illegible] Cemetery
Location Brewster Mass

18 (a) Funeral director Williams Bros
(b) Address 127 E. Pleasant St

Filed MAR 11 1942 (Date received by Registrar) Huntingtown Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9 1942 to Mar 9 1942 and that I last saw h[illegible] alive on Mar. 9 1942.

Immediate cause of death: Circulatory Failure — Duration: Life
Due to: Congenital Heart disease — Duration: Life
Due to:
Other Conditions: Atelectasis of rt. upper lobe of lung
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Patent D.J. septum, Patent D.A. [illegible] of aorta, transposition of great vessels

PHYSICIAN: Underline the cause to which it should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Mary H. Hayford M.D.
Address Union Memorial Hosp. Date signed 3/9/42

VS 3

90025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 154

Registered No. E 90025

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5520 Reistertown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5520 Reistertown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Migon (Birth F 45463)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/42

8. AGE: Years	Months	Days	If less than one day
			18 hr. min.

9. Birthplace 5520 Reistertown Rd. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Albert Francis Migon

13. Birthplace Randallstown Md

MOTHER — 14. Maiden Name Rita B. Hobbs

15. Birthplace Johnsons City Tenn

16 (a) Informant Albert Francis Migon

(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)

(c) Cemetery or crematory Holy Family

Location Catonsville Md

18 (a) Funeral director Frank H. Purnell

(b) Address Catonsville Md.

19 (a) MAR 11 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942, to 3/10 1942 and that I last saw him alive on 3/10 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edmund Bradley M.D.
Address 5601 York Rd Date signed 3/10/42

VS 8

F 30026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 30026

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 E Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 301-01-4005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Addie Carter
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Apr. 3 - 1891

8. AGE: Years	Months	Days	If less than one day
50 51	11	6	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Carter
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Nannie Jackson
15. Birthplace Frederick Md

16 (a) Informant Addie Carter (Wife)
(b) Address 1316 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Wallaville

18 (a) Funeral director Wm Brooks
(b) Address 1423 N. Carey St.

19 (a) MAR 11 1942 (Registrar's signature) Huntington Williams M.D. (Signature of physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-42 19 . at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1942 to 3-9 1942 and that I last saw him alive on 3-9 1942

Immediate cause of death Pneumococcic pneumonia, pleurisy & pericarditis — Duration over 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Rt. pneumococcic pneumonia

Results of autopsy Pneumococcic pericarditis & pleurisy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 3-10-42

VS 2

F 30027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 30027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Physician's certificate of cause of death must be correct as far as known. Underlying cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3116 McELDERRY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 E. HOFFMAN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK J. NEENAN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 10 1881

8. AGE: Years 60 | Months 9 10 | Days 29 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED ENGINEER
11. Industry or business

FATHER
12. Name JEREMIAH NEENAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH FRALEY
15. Birthplace BALTO. MD.

16 (a) Informant IRENE CRANE (NEICE)
(b) Address 2603 E. HOFFMAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 12/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. WOLFE ST.

19 MAR 11 1942 Washington Williams M.D. (Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 9 1942 at 6/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11th 1942 to March 9 1942 and that I last saw h. alive on March 9th 1942.

Immediate cause of death: Cirrhosis - Carcinoma of ovaries. — Duration

Due to

Due to

Other Conditions: Central Nervous system syphilis

(Include pregnancy within 3 months of death)

Date of operation Autopsy Ovaries Syphilis

Major findings of operations: Cirrhosis - Metastasis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J. Kane M.D. M. D.
Address 1301 N. Fulton Ave. Date signed 3-10-42

F 30028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 30028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Barnes St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Barnes St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah B Waddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	married

6 (b) Name of husband or wife Harry Waddy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
47 yrs			hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Watson
13. Birthplace British West Indies Island

MOTHER
14. Maiden Name Martha
15. Birthplace New York City

16 (a) Informant Harry Waddy
(b) Address 1626 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

18 (a) Funeral director Robert E Watkins
(b) Address 1515 McCulloh St

19 (b) Huntington Williams, M.D. Registrar

Registered March 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942, to Mar 9 1942 and that I last saw h-- alive on Mar 9 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Lobar Pneumonia	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L Copeland M. D.
Address 822 N. Carey St Date signed 3/11/42

VS 3

F 90029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

Registered No. F 90029

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1374 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas McCoy

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-05-4802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife: Jamestta McCoy
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Apr. 16 - 1908

8. AGE: Years	Months	Days	If less than one day
33	10	21	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Joseph McCoy
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Ann Williams
15. Birthplace: Virginia

16 (a) Informant: Jamestta McCoy
(b) Address: 1374 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location: Md.

18 (a) Funeral director: Geo. H. Kelson
(b) Address: 1806 Pleasant

19 (a) MAR 11 1942 (Registrar's signature) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9- 1942, at 10:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to: Hyperinfection of Heart	
Due to:	
Other Conditions: Acute Obstruction	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Knudsen M.D.
Medical Examiner.
Date signed 3-10-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90030

CERTIFICATE OF DEATH

92-D

F 30030

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Riggs Ave 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse P. Abrams

If U.S. Veteran specify WAR

(a) Residence: No. 1514 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamen Abrams

6. DATE OF BIRTH (month, day, year) Mar 23, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	14/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Adams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cinderella Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Benjamen Abrams (Address) 1514 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date 3/12 19 42

19. UNDERTAKER Wm. H. Nelson (Address) 1303 Eastman St

20. FILED MAR 11 1942 19 Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 19 42 to Mar 7, 19 42

I last saw h[illegible] alive on Mar 6 19 42 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Broken Compensation	2/21/42

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Williams Frey, M. D.

(Address) 1928 Penna Ave

F 90031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 90031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3629 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 3629 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Hebb

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-12-3563

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C. Hebb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1-1874

8. AGE: Years 68 | Months — | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER
12. Name Samuel E. Hebb
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Martin
15. Birthplace Maryland

16 (a) Informant Mrs Mary C. Hebb
(b) Address 3629 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 MAR 11 1942 (Registrar) (b) Huntington Williamsport, Md.

MAR 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9- 1942 at 5.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20- 1941 to Mar 9- 1942 and that I last saw him alive on Mar 9- 1942

Immediate cause of death: Cardio Renal — Duration 3 months

Due to

Due to

Other Conditions: Hypertension (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3629 Roland Ave Date signed 3/10/42

VS 3

F 30032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. F 30032

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Ruxton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Meyer Harris

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1894

8. AGE: Years	Months	Days	If less than one day
47	3 2	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name David Harris
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Amelia Seligman
15. Birthplace Baltimore, Md.

16 (a) Informant Harry Orfkin
(b) Address 2400 Carlton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/47 (month) (day) (year)
(c) Cemetery or crematory Edgewood Cemetery
Location Belair & Gorsuch Rds.

18 (a) Funeral director Chas. H. Grady
(b) Address 2113 N. Charles St.

19 (a) MAR 11 1947 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-6- 1947 at 3:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Pelvis	
Multiple Abrasions	
Due to Head Injuries	
Due to	
Other Conditions Arteriosclerotic Dementia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident? 11/2
(b) Date of occurrence 3-6-47 at A M
(c) Where did injury occur? P.R.R. - Near Clinton St. Bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fall from train or jumped from

23. Signature Howard J. Mueller M.D. Medical Examiner
Date signed 3-11-47

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120-B Registered No. 90033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Do not leave blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE Williams JACOBS

3 (b) If veteran, name war

3 (c) Social Security Account No. 546-16-7204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Unk Seaman (Town, county, and state)

10. Usual Occupation Sailor Bros

11. Industry or business S. S. Co

FATHER 12. Name Unknown Jacobs

13. Birthplace

MOTHER 14. Maiden Name Mary Chromester

15. Birthplace Ga.

16 (a) Informant Clara V. Chromester

(b) Address 1717 Leslie Ave Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Holly Spring Pa.

Location

18 (a) Funeral director Williams Cook

(b) Address 1257 St Paul St

19 (a) MAR 11 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 9th 1942 at 10 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ** (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Acute gastroenteritis — Duration

Due to: Acute alcoholism

Due to: final cirh

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollaeger M.D. Medical Examiner.

Date signed 3-10-42

VS 6

90034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 90034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Marcus Hook (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 West 10th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE TANNER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 179-12-7424

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1880

8. AGE: Years 61 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Ch. pumpman

11. Industry or business

FATHER
12. Name John Tanner
13. Birthplace Jersey City, N. J.

MOTHER
14. Maiden Name Mary
15. Birthplace Jersey City, N. J.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1942 (month) (day) (year)

(c) Cemetery or crematory St. Mary's, Hampden
Location Baltimore

18 (a) Funeral director E. Leroy Staffler, Inc.
(b) Address 1256 E. North Ave.

19 MAR 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1942, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14, 1942, to March 5, 1942, and that I last saw him alive on March 5, 1942.

Immediate cause of death	Duration
Myocardial degeneration,	3 weeks
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/10/42

F 90035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 90035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 S. BRUCE St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 S. BRUCE St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL KARANOVICH

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-5550

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Married

6 (b) Name of husband or wife ANNA KARANOVICH
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) JANUARY 27 1890

8. AGE: Years	Months	Days	If less than one day
51	1	13 11	hr. min.

9. Birthplace YUGOSLAVIA (Town, county, and state)
10. Usual Occupation HELPER IN KITCHEN
11. Industry or business RESTAURANT

FATHER
12. Name UNKNOWN
13. Birthplace EUROPE

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace EUROPE

16 (a) Informant ANNA KARANOVICH
(b) Address 814 S. BRUCE St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 17 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Roth & B. McWaters
(b) Address Ruth Stricker Funeral Home, Inc.

19 MAR 17 1942 (Date received by Registrar) (b) Huntingtown Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1941 to Mar 10 1942
and that I last saw her alive on Mar 10 1942

Immediate cause of death	Duration
Carcinoma of stomach	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Wells M. D.
Address 2032 W. Lanvale Date signed 3/11/42

awp

F 90036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 90036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Avenue
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S. Byrone St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT P. McGILL

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-4045

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ollie F. Beall

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) May 31, 1903

8. AGE: Years 38 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Electric Welder

11. Industry or business Mt. Clair Shop

FATHER 12. Name Frank E. McGill

13. Birthplace West Virginia

MOTHER 14. Maiden Name Rosa A. Moran

15. Birthplace West Virginia

16 (a) Informant Ollie F. Beall

(b) Address 3 Byrone Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Fredrick Rd.

18 (a) Funeral director John J. Lowans & Son

(b) Address 904 Hollins St.

19 (a) MAR 11 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 42 at 7 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Dr. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.

Date signed 3-10-42

VS 6

411541

F 90037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a F 90037 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 80y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Washington Place (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Gregg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-30-61

8. AGE: Years	Months	Days	If less than one day
80	3	11	hr. min.

9. Birthplace Md (town, county, and state)
10. Usual Occupation Attorney
11. Industry or business

FATHER
12. Name Andrew G. Gregg
13. Birthplace Md

MOTHER
14. Maiden Name Pascie Morris
15. Birthplace Md

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry Watkins & Co
(b) Address Richard & McCulloh Sts

19 (Name of local registrar) MAR 11 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION C

20. DATE OF DEATH 3-11- 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15- 1942, to 3-11- 1942, and that I last saw him alive on 3-11- 1942.

Immediate cause of death: Acute myeloblastic leukaemia. — Duration: October 1941

Due to — Duration: 5

Due to — Duration: 11 March 1942

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Tilden Howard per H.C.V.S.
Address Baltimore, Md. Date signed 3/11/42

VS 3

F 90038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E Registered No. F 90038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maray Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Freemont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EARNEST TYNES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-18-1888.

8. AGE: Years	Months	Days	If less than one day
58 49	10	14	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER — 12. Name	Geo Tynes
13. Birthplace	Va
MOTHER — 14. Maiden Name	Ida Everett
15. Birthplace	Va

16 (a) Informant Georgette Tate
(b) Address 1603 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18 (a) Funeral director Millington E. Jackson
(b) Address 916 Pennsylvania ave

19 (Date rec'd by Registrar) MAR 11 1948 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1948 (Year) 1/30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilis cardiovascular — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 3-3-48

VS 6

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. E 90039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 N. Fulton Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Fulton Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY LOUISE PARLETT

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 17 1920

8. AGE: Years 21 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Edw. G. Parlett
13. Birthplace Balto Md

MOTHER
14. Maiden Name Frances P. Parlett
15. Birthplace Balto Md

16 (a) Informant E. G. Parlett (father)
(b) Address 1026 N Fulton Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Sherwood & Sons Co.
(b) Address 104 W Mt Vernon Pl

19 (a) MAR 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Status epilepticus — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollam M.D.
Deputy Medical Examiner.
Date signed 3-12-42

VS 5

F 90040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No. F 90040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 N Calvert St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 N Calvert St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Rosa — Simmonds

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James Simmonds
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-17-1862

8. AGE: Years	Months	Days	If less than one day
79	9	22	hr. — min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Mr. Thos. Attewell
13. Birthplace London - Eng.

MOTHER
14. Maiden Name Anne Brooks
15. Birthplace London, England

16 (a) Informant Miss Alice J. MacCorkey
(b) Address 2102 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (month) (day) (year)
(c) Cemetery or crematory Lindenwood Arlington
Location Stoneham - Mass.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 MAR 11 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942 at 3.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1942 to 3-10 1942 and that I last saw her alive on 3-10 1942

Immediate cause of death: CARCINOMA OF PANCREAS — Duration 1 yr. 7 m.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St. Date signed 3-11-42

VS 3

F 90041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90041 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 N. Milton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paulo Presti

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: Saratoga
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 14 1864

8. AGE: Years 77 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Retired
11. Industry or business:

FATHER
12. Name: Stephen Presti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Rosaria Messina
15. Birthplace: Italy

16 (a) Informant: Stephen Presti
(b) Address: 1603 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 13 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd

18 (a) Funeral director: Mark K. Deppel
(b) Address: 7110 Belair Rd

19 MAR 10 1942 (Huntington Williams, M.D.)

MAR 10 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to March 9 1942 and that I last saw him alive on March 9 1942.

Immediate cause of death: Coronary Thrombosis
Due to: Coronary Artery Disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
15 min
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. A. Deppenwolf M.D.
Address: Medical Arts Bldg. Date signed 3/10/42

90042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 20042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Convalescent Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. D.C. County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 - 17th St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Helen Bright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John F. Bright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5 - 1849

8. AGE: Years 93 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Alexandria Va (Town, county, and state)

10. Usual Occupation Retired Housewife

11. Industry or business

FATHER
12. Name John Dimaine
13. Birthplace England

MOTHER
14. Maiden Name Hinkinton
15. Birthplace "

16 (a) Informant Mrs Gasch
(b) Address Hyattsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15/1942 (month) (day) (year)

(c) Cemetery or crematory Evergreen
Location Blades burg Md. Co.

18 (a) Funeral director Francis Gasch & Son
(b) Address Hyattsville Md

19 (a) (b) Huntington Williams M.D. Registrar

MAR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to March 10 1942 and that I last saw her alive on March 10 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson M.D.
Address 2324 Reinstatow, Rd Date signed 3/11/42

90043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90043

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4405 Koron Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Koron Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Schramm

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Weygl J Schramm
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 30, 1871

8. AGE: Years 70 | Months 8 9 | Days 11 | If less than one day hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Jindra
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Katherine Ehert
15. Birthplace Austria Hungary

16 (a) Informant Weygl J. Schramm
(b) Address 4405 Koron Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Frank Brockhoy
(b) Address 920 N Eutaw St

19 (a) MAR 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Mar 11 1942 and that I last saw her alive on Mar 10 1942.

Immediate cause of death Cerebral Thrombosis

Due to Chronic glomerular nephritis & Cystitis

Due to Arteriosclerosis

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. J. Bayley M. D.
Address Baltimore Co Md Date signed 3/11/42

VS 3

S. W. Corner Belair Rd. & Glenmore Ave.

F 90044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 90044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Nicholas Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Nicholas av (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John Lawrence Eagers

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4206

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Stella M. Eagers
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Jan. 12-1904

8. AGE: Years	Months	Days	If less than one day
38	1	19th	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bank Clerk
11. Industry or business Canton National Bank

FATHER
12. Name Henry J. Eagers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Kennedy
15. Birthplace Baltimore, Md.

16 (a) Informant Stella M. Eagers
(b) Address 4307 Nicholas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/42 (months) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Thos. J. Kenny
(b) Address 600 Allendale St

19 (a) MAR 11 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9 1942, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1942, to 3-9 1942, and that I last saw him alive on 3-7 1942

Immediate cause of death Coronary occlusion

Due to Malignant Hypertension Chronic Nephritis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

Duration: Four Months, Four days, Hrs. Min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur L. Fenny M.D.
Address 3025 Belair Rd Date signed 3-11-42

F 90045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

F 90045 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ennis M. Milbourne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Geo. R. Milbourne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1880

8. AGE: Years 61 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Bushopville (Town, county, and state)
10. Usual Occupation Rooming house keeper
11. Industry or business

FATHER
12. Name John T. Tubbs
13. Birthplace Md.

MOTHER
14. Maiden Name Lettie C. Nelson
15. Birthplace Maryland

16 (a) Informant James Tubbs
(b) Address Bishopville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 1942 (month) (day) (year)
(c) Cemetery or crematory Red Men
Location Salisbury, Md.

18 (a) Funeral director Mrs. M. Parker Watson
(b) Address Salisbury, Md.

19 (a) MAR 12 1942 (Date rec'd by registrar) Interment Permit Issued by Wm. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11 1942 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1942 to Mar 11 1942 and that I last saw her alive on Mar 11 1942

Immediate cause of death: Lobular Pneumonia — Duration 5 Da

Due to:

Due to:

Other Conditions: Carcinoma Stomach — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel F. Zahn M.D.
Address Franklin Square Hospital 3/11/42

VS 3

F 90046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90046 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 McCulloh st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 McCulloh st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John N. Woodson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Cornelius Woodson
13. Birthplace Va.

MOTHER 14. Maiden Name Elizabeth Mosley
15. Birthplace Va.

16 (a) Informant Mrs. Lula Richardson
(b) Address 1207 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location (A. A. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 57 E. Preston St.

19 (a) MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 at 2:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Anderson M.D. Medical Examiner.

Date signed 3/11/42

VS 6

F 90047

F 90047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 802 Lanvale St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) 9 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 802 Lanvale St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles stratton (Birth F. 46670)

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 6, 1942

8. AGE: Years ..... Months ..... Days 9 10 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER

12. Name CRaford Stratton

13. Birthplace NORFORK, VIRGINIA.

MOTHER

14. Maiden Name Mary Hance

15. Birthplace Williamston, South Carolina

16 (a) Informant Mary Stratton

(b) Address 802 Lanvale St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn town

Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemaley

(b) Address 578 W. Baltimore St.

19 (a) MAR 12 1942 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942, to March 10 1942, and that I last saw him alive on March 4 1942.

Immediate cause of death	Duration
Bronchial Pneumonia.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature William A. Miller M.D.

Address Univ. Hosp. Date signed 3/10/42

F 90048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-D

Registered No.

F 90048

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Rising Sun Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. V Maryland (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Kirk

3 (b) If veteran, name war V

3 (c) Social Security Account No. V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Mr. ? Kirk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	8	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name William Coyne

13. Birthplace Ireland

MOTHER

14. Maiden Name Katherine Bowes

15. Birthplace Ireland

16 (a) Informant Maud. Ashpes

(b) Address Rising Sun

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 14/42 (month) (day) (year)

(c) Cemetery or crematory Brookfield Cem

Location Rising Sun

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 908 Eutaw Place

19 (Date received) MAR 12 1942 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1942, at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1942 to 3/12 1942 and that I last saw her alive on 3/11 1942

Immediate cause of death Uremia — Duration Few hrs

Due to Ureteral block — bilateral — 2 years

Due to Carcinoma of bladder — over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Cystoscopy 3/8/42

Major findings of operation: Carcinoma of bladder

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Allen F. Clulow M.D.

Address Union Memorial Hospital Date signed 3/12/42

VS 8

F 90049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 90049
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 11-2 101 West monument st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Calvin Rogers

3 (b) If veteran, name war NA

3 (c) Social Security Account No. 086-12-8787

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Marie Eatman

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 10/5/1886

8. AGE: Years 55 Months 5 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Technical advisor

11. Industry or business U. S. N.

FATHER
12. Name Wilson E Rogers
13. Birthplace virginia

MOTHER
14. Maiden Name Harriet Nettles
15. Birthplace Virginia

16 (a) Informant Maud E. Rogers
(b) Address 101 W. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 13/42 (month) (day) (year)
(c) Cemetery or crematory Live Branch James City Co
Location Williamsburg Va

18 (a) Funeral director John O. Metcalf Sons
(b) Address 1900 Eutaw Place

19 MAR 12 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942, at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1942, to Mar 11 1942, and that I last saw him alive on Mar 11 1942,

Immediate cause of death: Cardio-vescular failure — Duration 3 hrs
Due to paralytic ileus — 24 hrs
Due to Post operative - appendectomy — 60 hrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Mar 8, 1942
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp Date signed 3-12-42

VS 3

F 30050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 90050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 Hawthorn Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Hawthorn Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Robert William Hegner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jane Z Hegner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1880

8. AGE: Years	Months	Days	If less than one day
62		24	hr. min.

9. Birthplace Decorah Iowa (Town, county, and state)
10. Usual Occupation Prof. Protozoology
11. Industry or business John Hopkins Hospital

FATHER
12. Name Charles Hegner
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Busch
15. Birthplace Whitewater Wis.

16 (a) Informant Jane Z Hegner
(b) Address 218 Hawthorn Road

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 12 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry F. Comes & Son
(b) Address 4204 Ridgewood Ave

19 MAR 12 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11-42 March 11 1942 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1941 to March 11 1942, and that I last saw him alive on March 10 1942

Immediate cause of death Abdominal Metastases — Duration 6 mo.
Due to Carcinoma of colon — 1 year.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Claffont M. D.
Address 6710 York Road Date signed March 11 1942

F 90051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89-a Registered No.

F 90051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Callow Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lee (Bessie) Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lee Cohen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1892

8. AGE: Years 50 | Months 2 | Days 10 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Israel Black
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Stein
15. Birthplace Russia

16 (a) Informant Lee Cohen
(b) Address 2437 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cem
Location Belair Road

18 (a) Funeral director Jos. Levinson & Bro
(b) Address 1124-26 W. North ave

19 MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1942 to 3-11 1942 and that I last saw her alive on 3-11 1942.

Immediate cause of death Toxemia — Duration

Due to Pneumococcic (T) Meningitis and Septicemia — 6 days

Due to Otitis media, right — 8 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Talbot M. D.
Address Date signed 3-11-42

VS 8

F 90052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930

F 90052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2437 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Callow Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

B-T

3 (a) FULL NAME Ida Block

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Israel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Mendel Stein
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Morris Block
(b) Address 2437 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAR 12 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 7.15

20. DATE OF DEATH March 11, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1942, to March 11 1942, and that I last saw her alive on March 11 1942.

Immediate cause of death: Oedema of Lungs (Acute Dilatation of Heart) — Duration 2 wks
Due to: Myocarditis - arteriosclerosis — 3 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Frederick Lantz M. D.
Address Temple Garden Apts Date signed 3-11-42

V8 3

F 90053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 Furrow St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Charles Buckingham

3 (b) If veteran, name war ------

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race Wht. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife M. Louisa Buckingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1850

8. AGE: Years 91 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business

FATHER 12. Name Charles Buckingham

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Edward A. Schaefer
(b) Address 207 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 MAR 12 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at 2.22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1942 to 3/10 1942 and that I last saw h[illegible] alive on 3/10 1942

Immediate cause of death

Bronchopneumonia — Duration 2 weeks

Due to

Due to

Other Conditions

Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Just M. D.
Address WBGH Date signed 3/10/42

VS 3

F 90054 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 90054

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) Kernan Hosp St. 2603 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yr. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Jamison — If U. S. Veteran specify WAR

(a) Residence: No. Hughesville Md St., Ward. Charles Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 22, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Hughesville

FATHER

13. NAME Percie Jamison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mercie Rutherford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Kernan Hospt.
(Address) Windsor Mills Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place D. Mary's Date 3/13 19 42

19. UNDERTAKER Thos. McC Clark
(Address) Hughesville, Md

20. MAR 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 1 1941 to 3-11-42, 19

That I saw h[illegible] alive on 3-11-42, 19 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of spine	1937
" Gibbus formation	
" Ankylosis	
Tuberculous pneumonia	
Other contributory causes of importance:	
Secondary anemia	

Was an operation performed? yes Date of 1938

For what disease or injury? The spine

Name of operation Spinal fusion

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. L. Sample M. D.

(Address) Kernan Hosp

per C. K. Sherman, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90055
MA 72280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 90055
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ months

2. USUAL RESIDENCE OF DECEASED Atlantic City NJ
(a) State Maryland (b) County
(c) City or town Baltimore (Atlantic City NJ)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 W. Mt. Royal Street
(If rural give location)
Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME William McKee (William Ellis McKee)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 138-13-5275

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dorothy D. McKee

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1915

8. AGE: Years 27 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Bethlehem Fairfield Shipyard

FATHER
12. Name Joseph McKee
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lillian Irelen
15. Birthplace New Jersey

16 (a) Informant B. C. H. Records
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Pleasantville
Location near Atlantic City - NJ

18 (a) Funeral director Stewart & Howell Co.
(b) Address 1018 W North Ave.

19 MAR 12 1942 (Date rec'd, month, day, year) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942 to March 11 1942 and that I last saw h alive on March 11, 1942.

Immediate cause of death Pneumonia
Toxin Type 25 — Duration 8 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maynicke W. Culpepper Jr. M. D.
Address Baltimore City Hospitals Date signed 3-14-42

VS 3

F 90056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61-NF 90056 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Division St.
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 2031 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Smallwood (Birth F. 44934)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-42

8. AGE: Years	Months	Days	If less than one day
—	—	—	1 hr. — min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name John Smallwood
13. Birthplace Leakesville N.C.

MOTHER
14. Maiden Name Ollie E. Daniels
15. Birthplace Leakesville N.C.

16 (a) Informant Ollie Smallwood
(b) Address 2031 Madison Ave

17 (a) Kept for anatomical purposes.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

MAR 12 1942 (b) Huntington Williams, M.D.
Date Received by Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1942 at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1942 to Mar 2 1942 and that I last saw him alive on Mar 2 1942.

Immediate cause of death Respiratory failure

Due to Congenital Atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Atelectasis of Both Lungs

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert L. Moseley Jr. M. D.
Address Provident Hospital Date signed 3-2-42

F 90057

F 90057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lewis Hewit

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alive

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Rumania (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business

FATHER
12. Name Moris
13. Birthplace Rumania

MOTHER
14. Maiden Name Eliel
15. Birthplace Rumania

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Removal
Location Brooklyn New York

18 (a) Funeral director Jack Levinson
(b) Address 1439 E. Baltimore St.

19 (a) MAR 12 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1942 at 11 15/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1942 to 3-11 1942 and that I last saw him alive on 3-11 1942

Immediate cause of death

Coronary thrombosis

Due to Hypertensive cardio-vascular disease

Duration: 2 weeks; 1½ yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gratt M. D.
Address WBGH Date signed 3-11-42

VS 3

F 90058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 90058

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1753 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Mullen

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-5342

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lillian M

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Jan. 13 1875

8. AGE: Years 67 | Months 1 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Watchmaker

11. Industry or business Anne Arundel and Howard Co.

FATHER
12. Name Joseph Mullen
13. Birthplace Md

MOTHER
14. Maiden Name Eleanora Adams
15. Birthplace Md

16 (a) Informant Mrs Lillian M Mullen
(b) Address 1753 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 MAR 12 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 at 2 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1942 to March 10 1942, and that I last saw h/her alive on March 1 1942

Immediate cause of death: Congestive Heart Failure — Duration: 2 weeks

Due to Arteriosclerotic Heart Disease. — 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address Bon Secours Hospital Date signed 3-10-42

VS 2

F 90059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-c

F 90059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Brentwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Brentwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 6, 1887

8. AGE: Years 55 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Hanover County Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace —

MOTHER 14. Maiden Name Rebecca Smith

15. Birthplace Va.

16 (a) Informant Thomas Holmes

(b) Address 2412 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 (month) (day) (year)

(c) Cemetery or crematory

Location Hanover County Va.

18 (a) Funeral director Mrs P. G. Elliott & Dgt

(b) Address 1129 N. Carolina St

19 (a) MAR 12 1942 (Date rec'd by registrar) Huntington Williams Md (City)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1942 to March 9 1942 and that I last saw her alive on March 9 1942.

Immediate cause of death: Organic Heart Disease — Duration: Months Minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Garland Abernathy

Address 1554 Druid Hill Ave Date signed March 12 1942

F 90060
SS 72159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 90060
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or Institution E CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 North Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10

XV

3 (a) FULL NAME Walter Jennette

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) October 4, 1894

8. AGE: Years	Months	Days	If less than one day
47	5	6	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed for 8 months

FATHER
12. Name Duran Jennette
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nicey Spencer
15. Birthplace North Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County
18 (a) Funeral director Mrs. R. A. Mott & Daughter
(b) Address 1819 N. Carey St.
MAR 12 1942
19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/ 1942, at 4:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1942 to 3-10 1942
and that I last saw him alive on 3-10 1942

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Hypertensive Cardio-vascular degeneration	(1)
Due to Pulmonary Tuberculosis (?) active	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Stanley E. Clayton Jr. M.D.
Address Balt. City Hosp. Date signed 3-11-42

F 90061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 W Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1514 W. Fairmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Mabel

3 (b) If veteran, name war

3 (c) Social Security Account No 217-01-1758

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E. Mabbe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1894

8. AGE Years 77 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Eastern Shore Md (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name David E Mabbe
13. Birthplace Va

MOTHER 14. Maiden Name Augusta ?
15. Birthplace Va.

16 (a) Informant Mary E Mabbe
(b) Address 1514 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12 (month) (day) 1942 (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr Peter R. Williams
(b) Address 322 N Schroeder St

19 (a) MAR 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 12:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. VanDeGrift M.D. (Medical Examiner)
Date signed 3/9/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90062

CERTIFICATE OF DEATH

✓ 131-a

F 90062

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Vine St. 8 Ward)

Length of residence in city or town where death occurred 13 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah S. Combs

U.S. Veteran specify WAR

(a) Residence: No. 1018 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: J. Combs.

6. DATE OF BIRTH (month, day, year): Feb - 14 - 1890

7. AGE: Years 51 | Months — | Days 2 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Shepherds town W. Va.

FATHER

13. NAME: Sam Mason

14. BIRTHPLACE (city or town) (State or country): Shepherdstown W. Va.

MOTHER

15. MAIDEN NAME: Hanna

16. BIRTHPLACE (city or town) (State or country): Shepherds town W. Va.

17. INFORMANT: Mrs Bell Jamison

(Address) 1041 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Mt Auburn Mar. 12, 1942

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED: MAR 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar - 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan - 13, 1942 to Mar 9, 1942

I last saw her alive on Mar 8, 1942 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Jan 13

Other contributory causes of importance: Hypertension Nephritis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Frankum, M. D.

(Address) 1222 Lee St

N. B.—WRITE PLAINLY, WITH ONE PERSON ON EACH LINE. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 90063

F 90063 72247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Larayette Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Clubb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1882

8. AGE: Years	Months	Days	If less than one day
59	5	29 28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Crating

11. Industry or business Baltimore Sun Co.

FATHER
12. Name William Clubb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Fixer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13, 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Albert W Penger
(b) Address 1500 E. North Ave

19 (a) (Date rec'd by registrar) MAR 12 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942, at 2 29 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942 to 3-11 1942, and that I last saw him alive on 3-6 1942

Immediate cause of death: Cerebral embolism — Duration: 1 day

Due to: Rheumatic heart disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-11-42

VS 8

F 90064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; if unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 359 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Henrietta St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Felder 64512

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-0212

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Arline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/9/1916

8. AGE: Years 25 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Gilbert
13. Birthplace S.C.

MOTHER
14. Maiden Name Callie Ballot
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co. Md.

18 (a) Funeral director Isaiah A Brown Son
(b) Address 1046 Montgomery St

19 (a) MAR 12 1942 (Date Accepted by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11 1942, at 12:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1941, to Mar. 11 1942, and that I last saw h alive on Mar. 11 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 13 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackem M. D.
Address Balto. City Hosp. Date signed 3-21-42

VS 3

F 90065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90065
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Accuracy in the statement of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily Jane Wicks

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry O. Wicks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1872

8. AGE: Years	Months	Days	If less than one day
69	8	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Crockett
13. Birthplace Virginia

MOTHER
14. Maiden Name Octavia Jones
15. Birthplace Baltimore

16 (a) Informant Mr. Harry O. Wicks
(b) Address 1733 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 10 1942 and that I last saw her alive on March 9 1942.

Immediate cause of death Bronchial Pneumonia — Duration about 12 days

Due to

Due to

Other Conditions Nephritis Diabetes
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Ingraham M. D.
Address 2439 N. Charles St Date signed 3-11-42

F 90066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 90066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 Carswell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 Carswell St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Brocato

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Jennie Carrara
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) April 1,1861

8. AGE: Years	Months	Days	If less than one day
80	11	8	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shoemaker Retired
11. Industry or business

FATHER
12. Name John Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name Marie G. Maggio
15. Birthplace Italy

16 (a) Informant Jennie Brocato
(b) Address 1744 Carswell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1942 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25-1929 to 3-9-1942 and that I last saw him alive on 3-9-1942

Immediate cause of death Arteriosclerotic cardio-renal disease
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration: Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylvester M. D.
Address 2807 Harford Rd. Date signed 3-10-42

VS 1

F 90667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 90667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland over 25th St
(b) Street address 2520 Gruenmount Ave
(c) Hospital or Institution: Northwood Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Gruenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Amelia Hammond

3 (b) If veteran, name war: No
3 (c) Social Security Account No. not known

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Thomas A Hammond
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept 19 1855

8. AGE: Years 86 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name George L Wagner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Eliza Cheney
15. Birthplace Baltimore Md

16 (a) Informant Thomas A Hammond
(b) Address 25 Reisterstown Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 12 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Kalbaugh & Son
(b) Address

19 MAR 12 1942 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 at 3.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1938 to March 10 1942
and that I last saw h[illegible] alive on Mar 9 1942

Immediate cause of death	Duration
Diabetes Mellitus	
Due to	
Due to	
Other Conditions Myocarditis Senile Degeneration of heart (Include pregnancy within 3 months of death)	

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin A Kalbaugh M.D.
Address 219 Poplar Grove St Date signed 3/10/42

VS 3

F 90068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 Registered No. F 90068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4315 Jerusalem Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street 4315 Jerusalem Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Kate Schmidt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 4118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 10 1885

8. AGE: Years	Months	Days	If less than one day
57	1	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Self

FATHER 12. Name John Schmidt

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Marie Crano

MOTHER 15. Birthplace "

16 (a) Informant John Schmidt

(b) Address 3900 Pinkney Rd

17 (a) Burial (b) Date thereof 3/14/42 (month) (day) (year)

(Burial, cremation, or removal)

(c) Cemetery or crematory Woodlawn

Location " Md

18 (a) Funeral director William Cook

(b) Address 127 St. Paul St

19 (a) MAR 12 1942 (b) Huntington Williams, M.D. Registrar

(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1942, at 11:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to March 1942 and that I last saw h er alive on March 10 1942

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Cardio vascular	
Due to renal disease	
Other Conditions Tuberculosis	over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. P. Schmuck M. D.

Address 4710 Liberty Hts Date signed 3/11/42

F 90069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 90069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D+
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ruderwood (If outside city or town limits, write RURAL and give town)
(d) Street No. W. Joppa Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William H. Rogers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary L. Loughran
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	9	17		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Obsequies
11. Industry or business

FATHER
12. Name Hugh Rogers
13. Birthplace Ireland?

MOTHER
14. Maiden Name Honora
15. Birthplace Ireland

16 (a) Informant Miss Jane Rogers
(b) Address Ruderwood Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Mount Moriah
Location Towson Md

18 (a) Funeral director John J. Fenton Inc
(b) Address 1318 Eutaw Pl Baltimore Md

MAR 12 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1941 to March 11 1942 and that I last saw him alive on March 11 1942.

Immediate cause of death	Duration
Congestive Heart Failure	3 weeks
Due to: Arteriosclerotic Heart Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fenton
Address Bon Secours Hosp Date signed 3-13-42

VS 2

F 90070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 90670 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5600 Pimlico Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 5600 Pimlico Road (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Hopkins Wiley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Watson Wiley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 13. 1861
8. AGE: Years 81 | Months 1 | Days 29 | If less than one day: 5 hr. — min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business Care of the home

FATHER
12. Name Franklin Hopkins
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hopkins Carolyn Graves
15. Birthplace Baltimore Md

16 (a) Informant Gladys M. Norwood
(b) Address 5600 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 14/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Baltimore Co.

18 (a) Funeral director John Quintofell Sons
(b) Address 1900 Eutaw Place

19 (a) (b) Huntington Williams, M.D.
MAR 12 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1941 to March 12 1942, and that I last saw her alive on March 12 1942.

Immediate cause of death Myocarditis Chronic — Duration 1 year
Due to Arteriosclerosis Indefinite
Due to Age
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman Ribantz M.D.
Address 2601 Manhattan Ave. Date signed 3/12/42

F 93071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 93071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hulda Augusta Ehoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Samuel W. Ehoff
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Haseng
15. Birthplace Germany

16 (a) Informant Mrs. J. Geo. Wolf. Daughter
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day), (year)

(c) Cemetery or crematory Greenmount
Location Greenmount + Oliver Sts

18 (a) Funeral director Harry A. Mitten
(b) Address 401 Edmondson Ave

19 MAR 12 1942 (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 10. 1942, at 8.4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 4/42 to Mch. 10/42, and that I last saw her alive on Mch. 10/42.

Immediate cause of death

Coronary Thrombosis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Harold Ehoff M.D.
Address 922 Hanover Date signed 3/14/42

VS 3

F 90072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓

Registered No. E 90072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4200 Connecticut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Connecticut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Kratz Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Gladys A. Faith (nee Reinhold) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1896

8. AGE: Years 46 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county and state)

10. Usual Occupation Chemical Engr.

11. Industry or business Wash. Lab. Balto. Comm.

FATHER
12. Name Herman Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Florence Beck
15. Birthplace Germany

16 (a) Informant Mrs. Florence Beck
(b) Address 4200 Conn. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Wintsfeldt
(b) Address 4101 E. Monument Ave

19 MAR 12 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1941 to March 11 1942 and that I last saw h[illegible] alive on March 11 1942.

	Duration
Immediate cause of death: Coronary occlusion	Indefinite
Due to: Angina Pectoris	2 Weeks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Greenmount Ave Date signed 3/11/42

VS 1

F 90073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. E 90073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution: Fayette & Calhoun Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

12-5

3 (a) FULL NAME C Clarence M. Forney

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4696

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Stonesifer
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1888

8. AGE: Years	Months	Days	If less than one day
53	11	12	-- hr. --- min.

9. Birthplace Taneytown, Maryland (Town, county, and state)
10. Usual Occupation Automobile Assembler
11. Industry or business General Motors

FATHER
12. Name James J. Forney
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Stanbaugh
15. Birthplace Maryland

16 (a) Informant Mrs. Virginia Forney
(b) Address 1808 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 MAR 12 1942 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1941, to March 10 1942 and that I last saw h-- alive on Mar 10 1942.

Immediate cause of death
Carcinomatosis — Duration
Cachexia
Due to Adeno Carcinoma of Rectum
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Adenocarcinoma
Of autopsy Metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edwardman Jr. M. D.
Address Franklin Sq. Hosp Date signed 3/10/42

F 90074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90074 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 W. Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VINCENT CIRASOLE

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Josephine
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 26, 1882

8. AGE: Years 59 | Months 8 | Days 13/11 | If less than one day: hr. min.

9. Birthplace Poggio Orsini-Bari Italy (Town, county, and state)

10. Usual Occupation Norman

11. Industry or business

FATHER
12. Name Nicola Cirasole
13. Birthplace Italy

MOTHER
14. Maiden Name Giacomina Di Mauro
15. Birthplace Italy

16 (a) Informant Josephine Cirasole (wife)
(b) Address 3025 W. Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Delaware Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease — Duration:
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 3-9-42

VS 6

F 90075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90075 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Robinson St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Angela Angela marie Celozzi

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or ~~wife~~ late (Giovanni Celozzi)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 22/1884

8. AGE: Years 57 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Casalvecchio Puglie Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business home

FATHER
12. Name Giuseppe Andreola
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Calzone
15. Birthplace Italy

16 (a) Informant Lucy Simone (Daughter)
(b) Address 519 N. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Filed (Month) MAR 12 1942 (Day) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1942, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942 to 3/12 1942 and that I last saw h~~e~~r alive on 3/12 1942.

Immediate cause of death	Duration
Heart Failure	2 days
Due to Hypertension C.V.D.	5 yrs
Due to	
Other Conditions Arteriosclerosis, general.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Tompakov, M.D.
Address St Joseph's Hospital Date signed 3/13

F 90076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 90076 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Williamson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Audrey Parker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Color	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1927

8. AGE: Years	Months	Days	If less than one day
14 - 4	4	18	hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Merlin Henderson
13. Birthplace South Carolina

MOTHER
14. Maiden Name Beatrice Parker
15. Birthplace Balto md

16 (a) Informant Vida Washington
(b) Address 1508 Williamson St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto County

18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942 to 3/10 1942 and that I last saw her alive on 3/10 1942

Immediate cause of death

	Duration
Lobar Pneumonia	
Due to	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Jayaraman
Address St Joseph's Hospital Date signed 3/11 M.D.

F 90077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 131a

F 90077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 6 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MILLARD FILLMORE BOWLING

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215 03 9352

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E. Clark

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1894

8. AGE: Years 47 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Towson Court House--Helper

11. Industry or business:

FATHER
12. Name: John H. Bowling
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Cora Elliott
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Taylor ave

18 (a) Funeral director Leonard J. Ruck
(b) Address 630 Harford Rd

19 MAR 12 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1942 at 4:55a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1942 to Mar. 11, 1942 and that I last saw him alive on Mar. 11, 1942

	Duration
Immediate cause of death: Hypertension, arterial, severe	Unk.
Due to: Cardiac disease, cardiorenal vascular	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: NONE
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. Williams MD
Address US Marine Hospital Date signed 3/11/42
Baltimore, Maryland.

VS 3

8

90078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. E 90078

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unk (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. McGUIRE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 12 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Myers

19 MAR 12 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1942 at 11:05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Laceration of heart	
Due to Crushing of chest	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 1st, 1942 at 1 05 M
(c) Where did injury occur? In front of 2405 Eutaw Pl
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On the (Specify type of place) While at work? No
(e) Means of injury struck by "hot rivet" auto

23. Signature Henry Z. Wallander M.D.
Medical Examiner.
Date signed 3-1-42

8016

90079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. E 90079

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 158 N. East St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sara Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 12 1942
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 12 1942 Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 19 42 at 9:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Carcinoma of uterus

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. VanderGrift M.D.
Medical Examiner.

Date signed 3/2/42

8010

VS 6

30080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 30080

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Duke and Rayner
(c) Hospital or institution: WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Clifton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Cook (Birth F-45427)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/42

8. AGE: Years	Months	Days	If less than one day
			5 hr. 18 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Cook

13. Birthplace Bremerton, Washington

MOTHER 14. Maiden Name Lenora Pfeifer

15. Birthplace Baltimore, Md.

16 (a) Informant William Cook

(b) Address 3006 Clifton Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL MAR 12 1942 Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 MAR 12 1942 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/11/42 19 , at 8:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942 to 3/11 1942, and that I last saw her alive on 3/11 1942.

Immediate cause of death	Duration
Premature Birth	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benson W. Cherbut M.D.
Address WBGH Date signed 3/12/42

VS 3

8017

F 90081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C Registered No. F 90081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo6da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo6da

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Allison St., N. W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DR. DAVID H. MORAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	19	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation DENTIST
11. Industry or business

FATHER
12. Name George Moran
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Perrin
15. Birthplace Richmond, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Wash D C
Location

18 (a) Funeral director S. H. Hines
(b) Address Wash D C

19 (a) MAR 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1942, at 12:10 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1942, to March 12, 1942, and that I last saw him alive on March 12, 1942.

Immediate cause of death
Pulmonary Edema —
Cause Undetermined
Due to Excision of Ureter & Soft Palate 3/7/42
Carcinoma of Ureter.
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 7, 1942
Major findings of operation: Excision, cautery and endotherm
of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emerson Y. Gladhill M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/12/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 90082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

Registered No. F 90082

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1145 Scott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie G. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1876

8. AGE: Years	Months	Days	If less than one day
65	4	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Arthur Lee Carter
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Rosa Elton Long
15. Birthplace Louisville, Ky.

16 (a) Informant Mrs. Ethel Bertha Rogers
(b) Address 1145 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) MAR 12 1942 (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942, at 11.45 P

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to March 9 1942
and that I last saw her alive on March 9 1942

Immediate cause of death: Auricular Fibrillation — Duration: 6 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Hale M. D.
Address 517 Scott St. Date signed 3-10-42

VS 3

90083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

F 90083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use separate certificate for each death. Fill in all items. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Woodall st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles L. Harman

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-7887

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3 1920

8. AGE: Years	Months	Days	If less than one day
21	3	16 11	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Truck Helper

11. Industry or business Coca-Cola

FATHER 12. Name Charles L. Harman Sr.

FATHER 13. Birthplace Balto

MOTHER 14. Maiden Name Nellie J. Miller

MOTHER 15. Birthplace Balto.

16 (a) Informant Mr. C. L. Harman Sr.

(b) Address 1427 Woodall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Ritchie Highway

18 (a) Funeral director A. F. McCurdy

(b) Address 130 E. Fort Ave.

19 (Signature of local registrar) Huntington Williams, M.D. Registrar

MAR 12 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 9-30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary edema and hemorrhage due to

Due to Injuries due to concussion.

Due to Fractures of 1st lumbar and 3rd 4th Rt ribs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/6

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 3/11/42 at 8:50 M

(c) Where did injury occur? Fulton + Walbrook Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes (Specify type of place)

(e) Means of injury Motor auto truck - collision with automobile

23. Signature H. H. Saunders Jr. M.D. Medical Examiner

Date signed 3/11/42

90084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓

Registered No. F 90084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1683 Cliftview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brown

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-07-7093

4. Sex: M

5. Color or race: Wh

6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~husband~~ wife ~~Brown~~ Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1884

8. AGE: Years 57 | Months 8 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business Bethelhem Steel

FATHER
12. Name William Brown
13. Birthplace Pa.

MOTHER
14. Maiden Name Unrecd
15. Birthplace Pa.

16 (a) Informant wife
(b) Address 1683 Cliftview Ave.

17 (a) 3/14/42 (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.,
Location North Ave & Rose St.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) MAR 12 1942 [illegible] Washington Blvd., Balto., Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10/42 19 , at 8½ P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9/42 19 to 3/10/42 19 , and that I last saw him alive on 3/10/42 19 .

Immediate cause of death

Heart Failure

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Franklin Sq Hosp Date signed 3/10/42 M. D.

90085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90085 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N. Glover Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Glover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Fantom Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	married

6 (b) Name of husband or wife Laura Fantom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas J. Fantom
13. Birthplace Ireland

MOTHER
14. Maiden Name Sullivan
15. Birthplace Ireland.

16 (a) Informant Earl Fantom
(b) Address 519 N. Glover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) MAR 12 1942 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1942 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940 to March 10 1942 and that I last saw deceased alive on 3-9 1942

Immediate cause of death: Leiomyoma of Rectum — Duration: 20 mos
Due to: Cachexia — Duration: 1 wk.
Due to: Metastases
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gerard A. Cook, M.D.
Address 2520 E. Baltimore St. Date signed 3/13/42

90086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3235 Cloverley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3235 Cloverley Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Hord Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Chas. Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1885

8. AGE: Years 57. | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edw. Borchard
13. Birthplace Germany.

MOTHER
14. Maiden Name Uykuorfer
15. Birthplace Germany.

16 (a) Informant Mr Edgar Turner
(b) Address 2742 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 '42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Edmondson St.

18 (a) Funeral director J. Heemann & Son
(b) Address 32 S. Broadway

19 MAR 12 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1942 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to Mar 1942, and that I last saw h[illegible] alive on Mar 6 1942

Immediate cause of death Pulmonary Edema — Duration 1 hour

Due to Hypertensive cardiovascular disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reuben Rosenhurst M. D.

Address 910 W. Lombard St Date signed 3-12-42

VS 3

F 90087 59451

Elbert Dixon

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Fill in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 562 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (ELBERT) Elbert Dixon 59451

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1904

8. AGE: Years	Months	Days	If less than one day
37	7	19	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Stephen
13. Birthplace ?

MOTHER — 14. Maiden Name Mary
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-12-42 (month) (day) (year)
(c) Cemetery or crematory Wilmington
Location North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 13 1942 (Date rec'd by Registrar) H. Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10 1942, at 4:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 40 to Mar. 10 1942. and that I last saw h im alive on Mar. 10 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun, M. D.
Address Balto. City Hosp. Date signed 3-13-42

VS 1

F 90088
MA 72160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90088
Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. Accuracy in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 Division Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mirl Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-5128

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1922

8. AGE: Years	Months	Days	If less than one day
20	2	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business C. D. Kenny Company

FATHER
12. Name Walter Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Addison
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-15-42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Lower Marlboro

18 (a) Funeral director A. Halstead
(b) Address 914 Druid Hill Ave.

MAR 13 1942
(Date received by local registrar) Registrar for Williamsport District

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1942 to 3-10 1942 and that I last saw him alive on 3-10 1942

Immediate cause of death: Lobar pneumonia — Duration: 1 day

Due to

Due to

Other Conditions ? Brain tumor — Duration: ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp. Date signed 3-12-42

F 90089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90089 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cotton Williams
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severn Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1561
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Durward Pardoe

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1886
8. AGE: Years: 56 Months: Days: If less than one day hr. min.
9. Birthplace: Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jas. Pardoe
13. Birthplace Md

MOTHER
14. Maiden Name Christianna ?
15. Birthplace Md

16 (a) Informant Stanley Pardoe
(b) Address 1028 Florida Ave. N.E. Wash. D.C.
17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
18 (a) Funeral director Rogers & Rose
(b) Address Westminster Md
19 MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942, at 4:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942 to 3/11 1942, and that I last saw h(im) alive on 3/10 1942.

Immediate cause of death: Cerebral Thrombosis
Due to: Subdural Hemorrhage
Due to: Hypertension
Other Conditions: Arteriosclerosis, Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: 10 minutes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J R Drogan M. D.
Address St Agnes Hosp. Date signed 3/13/42

VS 3

F 90090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Md. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Ritchie

3 (b) If veteran, name war: Ad
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) ? ? 1874

8. AGE: Years	Months	Days	If less than one day
about 68			hr. min.

9. Birthplace c (Town, county, and state)
10. Usual Occupation Don't know
11. Industry or business

FATHER 12. Name George Ritchie
13. Birthplace Maryland

MOTHER 14. Maiden Name Georgianna James
15. Birthplace Maryland

16 (a) Informant Ritchie
(b) Address Cumberland, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Allegany County Md.

18 (a) Funeral director Wilson Cook
(b) Address 127 St. Paul St

19 MAR 13 1942 Lurington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 19 42, at 2.27 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio	Unknown
Due to Trauma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Knowles M.D. Medical Examiner.
Date signed 3-12-42

YS 6

F 90091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164B

Registered No. F 90091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Leistner

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29 1872

8. AGE: Years	Months	Days	If less than one day
69	6	11/12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Can Co.

FATHER
12. Name Joseph Leistner
13. Birthplace Germany

MOTHER
14. Maiden Name Lora ?
15. Birthplace Germany

16 (a) Informant Mrs Emma Bowerman
(b) Address 3118 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore Md

18 (a) Funeral director John Uffelfinger
(b) Address 2008 Gilmore St.

19 MAR 13 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11-1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Drowning	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-11-42 at 6:45 P M
(c) Where did injury occur? Patterson Park Lake (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Drowning

23. Signature Howard J. Braddock M.D. Medical Examiner.
Date signed 3-12-42

VS 6

F 90092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

F 90092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Susanna Erdman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband John H Erdman of P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/1866

8. AGE: Years	Months	Days	If less than one day
76	1	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER — 12. Name	John H Erdman
FATHER — 13. Birthplace	Md
MOTHER — 14. Maiden Name	Christiana Schley
MOTHER — 15. Birthplace	Md

16 (a) Informant Clarence E Erdman
(b) Address 3220 Harford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director John Lloyd
(b) Address 2008 Eutaw St
19 (a) (Date rec'd by registrar) (b) Registrar

MAR 13 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1941 to March 11 1942
and that I last saw her alive on March 10 1942

Immediate cause of death	Duration
Carcinoma of Uterus	6 years
Due to Carcinoma of Uterus	
Due to	
Other Conditions Cardiac Failure	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓ at ✓ M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert S. Kirk M.D.
Address 3126 Harford Road Date signed 3/14/42 M. D.

F 90693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90693

163 H Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 27.12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Rosebank ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Stock

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Stock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1875

8. AGE: Years	Months	Days	If less than one day
66	6	26	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name August Knaup
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Meyer
15. Birthplace Germany

16 (a) Informant Mrs. Eva C. Cole
(b) Address 421 Rosebank Avenue

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director John Ulrich
(b) Address 1001 E Orleans St

19 (a) MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 1942 at 12 hour —M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereof and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) did that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-11-42 Between at 9 & 11 AM
(c) Where did injury occur? 421 Rosebank Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of Illuminating Gas

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 3-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 90094 ✓ F 90094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Fendall Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County #####
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Fendall Rd. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Mary E. Meier

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Wht. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife _____ 6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 22, 1891

8. AGE: Years 50 | Months 8 | Days 19 17 | If less than one day _____ hr. _____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House Maid

11. Industry or business Domestic

FATHER
12. Name Joseph Meier
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Haensler
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Julia K. Hofmann
(b) Address 3018 Fendall Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) Date received MAR 13 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1938, to Mar 19__, and that I last saw h.e.r. alive on Mar 10 1942

Immediate cause of death
Carcinoma of ovary
Due to Metastases to lungs + pleura 1942
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)

Duration 1938

Date of operation 1938
Major findings of operation: as above
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Alan Benson M. D.
Address 1039 N. Calvert St. Date signed 3/17/42

F 90095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 90095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not leave blanks. Be sure to give full name of deceased and correct age. Information as to cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 851 Wellington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 851 Wellington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Toughton

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-8055

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary S. Toughton
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1870.

8. AGE: Years	Months	Days	If less than one day
71	4	9	hr. min.

9. Birthplace md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Mill Hand.

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Mary J. ?
15. Birthplace ? Md.

16 (a) Informant Mary S. Toughton
(b) Address 851 Wellington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) MAR 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to March 11 1942, and that I last saw him alive on March 11 1942.

Immediate cause of death	Duration
Myocardial insuff-	
iciency	6 days
Due to Hypertensive	
arteriosclerosis	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. A. Didusch M. D.
Address Date signed

VS 2

F 90096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates and ages. Do not abbreviate. Give full name of street and number. Do not use ditto marks. Do not leave any item blank. If unknown, write "unknown." Physicians: please write the causes of death clearly and legibly. Be sure that the cause of death is correctly stated. Be sure that the age is correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~(911 N Iris Ave)~~

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 911 N Iris Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Mazie Grafton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Alfred B. Grafton

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Beall W. Gaither

13. Birthplace md.

MOTHER

14. Maiden Name Alberta Thompson

15. Birthplace md.

16 (a) Informant Alfred B. Grafton

(b) Address 911 Iris Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave

18 (a) Funeral director Ehrlich & Donovan

(b) Address MAR 13 1942 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1942 to Mar 12 1942 and that I last saw her alive on Mar 11 1942.

Immediate cause of death	Duration
Bronchopneumonia	6 da
Due to	
Due to Pancreas, Tbc	6 mos
Other Conditions Arteriosclerosis Generalized	T

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel L Zeller

Address Franklin Square Hospital Date signed 3/12/42 M.D.

F 90097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42

F 90097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 876 Washington Blvd.
(c) Hospital or institution: Dr. Klein Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IRENE E. STUMP

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Stump
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1877

8. AGE: Years 65 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant CLARA SAMERS
(b) Address 44 South St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave.

18 (a) Funeral director Leonard Jones
(b) Address 1414 W. Franklintown Rd.

19 (a) MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6-1942 to 3-11-1942, and that I last saw h[illegible] alive on 3-11 1942

Immediate cause of death: Uremia — Duration

Due to: Cardio-Renal-Disease

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings: —
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis G. Klein M. D.
Address 876 Washington Blvd Date signed 3/11/42

VS 3

F 90098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90098 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct and complete. Underlining the cause of death which is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Av.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 704 N. Bond (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Russia

yes

3 (a) FULL NAME Pete Kiluk

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Annie Kiluk

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 8/14/84

8. AGE: Years	Months	Days	If less than one day
57	6	23	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Gen Store

11. Industry or business "

FATHER

12. Name Gorosim Kiluk

13. Birthplace Russia

MOTHER

14. Maiden Name Catherine Tinkevecan

15. Birthplace Russia

16 (a) Informant Mrs Catherine Kiluk Wife

(b) Address 1601 E. Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16 (month) (day) (year)

(c) Cemetery or crematory Russian Holy Trinity

Location Anne Arundel Co.

18 (a) Funeral director Wally Brooks Bradley

(b) Address 1911 N. Wolfe Ave

19 (a) Filed (Registrar) Huntington Williams M.D. Registrar

MAR 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 19 42 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to March 11 1942, and that I last saw him alive on March 11 1942.

Immediate cause of death Cardiac failure — Duration

Due to Auricular Fibrillation

Due to Arteriosclerotic C-V Dis

Other Conditions Generalized Arteriosclerosis Parkinsonism & Uremia

(Include pregnancy within 3 months of death)

Date of operation March 7, 1942

Major findings of operations: Cerebral Atrophy

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature K. Kenneth Burdett

Address Sinai Hospital Date signed 3/11/42 M. D.

F 90099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90099
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Specific 911 Plum St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Chase Birth F 33849

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1941

8. AGE: Years	Months	Days	If less than one day
	6	25	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Chase
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Pauline Brown
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 911 Plum St. Balt.

17 (a) Burial (b) Date thereof 3 - 14 - 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co., Md

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (Date received) MAR 13 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 11 1942; at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to Mar 11 1942 and that I last saw h.. alive on Mar 11 1942

Immediate cause of death Bronchopneumonia — Duration 6 weeks

Due to

Due to

Other Conditions Pertussis
Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Done at JHH, 3-12-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sykes, M. D.
Address Sydenham Hosp Date signed 3-12-42

F 90100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90100 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Granite (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Co, Md
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Griggs

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/41

8. AGE: Years | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Granite, Balto. Co., Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name James Griggs
13. Birthplace Granite, Md.

MOTHER 14. Maiden Name Eliza Blevins
15. Birthplace Maryville, Tenn.

16 (a) Informant Eliza Griggs
(b) Address Granite Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14, 1942 (month) (day) (year)

(c) Cemetery or crematory Granite, Md.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 1 Schroeder St.

MAR 13 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 19 42 to Mar. 11 19 42 and that I last saw h[illegible] alive on Mar. 11 19 42

Immediate cause of death Congenital Syphilis — Duration

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 3/12/42

VS 3

F 90101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-1

F 90101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAYME MAMIE A. SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Oldsborough, N.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name
13. Birthplace North Carolina

MOTHER
14. Maiden Name Cecelia G.
15. Birthplace N. C.

16 (a) Informant Charles Smith
(b) Address 1307 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 322 N. Arlington Ave.

19 (c) MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertension cardiovascular

Due to disease

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Asst. Medical Examiner.

Date signed 3-9-42

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

VS 6

F 90102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 90102

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick William Rossel

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Nannie T. Rossel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/1859

8. AGE: Years 82 | Months 8 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Mfgr. of Cigars
11. Industry or business Retired

FATHER
12. Name Frederick Wm. Rossel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Charles A. Reed
(b) Address 3802 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAR 13 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 19 42 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1940 to March 12 1942. and that I last saw h alive on March 11 1942.

Immediate cause of death: Valvular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Patterson M. D.
Address 2324 Reisterstown Rd Date signed 3/12/42

F 90103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 90103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George F. Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 9, 1856

8. AGE: Years	Months	Days	If less than one day
85	5	1	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Cane
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Julia Ann ?
15. Birthplace Dorchester Co. Md.

16 (a) Informant Mrs. Maude Wallace
(b) Address 1814 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

19 (a) MAR 13 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1942, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1-40 19 , to Mch 10 42, and that I last saw him alive on Mch 10 19 42

Immediate cause of death
Cerebral Embolism
Chronic Endocarditis
Chronic Arteritis

Duration
1 yr.
2 mo.
10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. R. Thomas M.D.
Address 9 W. Mt. Pleasant Date signed 3/12/42

PLEASE WRITE PLAINLY. Items must be answered or "unknown" stated. Physicians: please write the cause of death so that correct age is especially important.

VS 3

F 30104

F 30104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 Williams St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Williams St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

24 H

3 (a) FULL NAME PHILLIP B. DULANY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Sarah A
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 3, 1849
8. AGE: Years 92 | Months 10 | Days 9 | If less than one day: ____ hr. ____ min.
9. Birthplace: New Mexico (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Retired

FATHER
12. Name: Daniel Dulany
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Mary Elizabeth Amey
15. Birthplace: Balto. Md.

16 (a) Informant: Randolph R. Dulany
(b) Address: 1532 Williams St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 16 1942 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A. A. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams Mt

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 12 1942, and that I last saw him alive on March 12 1942.

Immediate cause of death: Hypostatic Pneumonia
Due to: Pt. Hemiplegia,
Due to:
Other Conditions: Terminal Broncho-Pneumonia.
(Include pregnancy within 3 months of death)

Duration: 1 1/2 yrs.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel S. Ellsott M. D.
Address: 102 E. Fort Ave Date signed: 3/13/42

PLEASE WRITE PLAINLY. Please see that the information is correct age is especially important. Physicians: please write the cause of death clearly.

F 30105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 90105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin Sq.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 5520 Reisterstown Rd. (If rural give location)
Citizen of foreign country? Liberty Rd. (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE A. MIGAN. (Birth F-45462)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10-1942

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Albert Migan
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Rita B. Hobbs
15. Birthplace Johnson City, Tenn.

16 (a) Informant Albert Migan
(b) Address Liberty Rd. Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Family
Location Hazelwood, Md.

18 (a) Funeral director Frank H. Purdue Inc
(b) Address Pikesville Md.

19 (a) MAR 13 1942 Huntington Hollander, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13/ 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10/ 1942 to 3/13/ 1942 and that I last saw h. alive on 3/13/ 1942

Immediate cause of death

Prematurity 17½ months

Due to

Due to

Other Conditions /

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Compahon

Address St Joseph's Hospital Date signed 3/13/42

F 90106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90106 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use no abbreviations. Give full name of street and number, or other exact description of location. Give correct age in years, months, days, hours, or minutes, as the case may be. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Madison Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter B. Deman

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Emma Deman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1892

8. AGE: Years	Months	Days	If less than one day
49	6	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Hammadeus Deman
13. Birthplace Algiers

MOTHER
14. Maiden Name Britina Moody
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Emma Deman
(b) Address 2007 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Geo. T. A. Gibson & Son
(b) Address 1735 Druid Hill Ave.

19 MAR 13 1942 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1941, to March 12 1942, and that I last saw him alive on March 12 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Was there autopsy? Pulmonary tuberculosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Douglas Corbin M. D.
Address Mercy Hospital Date signed March 13, 42

F 90107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 A

F 90107 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials. Write out full name of city or town. Give street address or location. Be sure to answer each question. Be sure to give correct age in years. Be sure to give correct age if under one year. Be sure to give correct age if under one day. Be sure to give correct age if under one hour. Be sure to give correct age if under one minute. Be sure to give correct age if under one second. Be sure to give correct age if under one millisecond. Be sure to give correct age if under one microsecond. Be sure to give correct age if under one nanosecond. Be sure to give correct age if under one picosecond. Be sure to give correct age if under one femtosecond. Be sure to give correct age if under one attosecond. Be sure to give correct age if under one zeptosecond. Be sure to give correct age if under one yoctosecond. Be sure to give correct age if under one rontosecond. Be sure to give correct age if under one quectosecond. Be sure to give correct age if under one ronnosecond. Be sure to give correct age if under one quett

F 90108

F 90108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3121 Fait Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Fait Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ANNA SEBOUR

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife Christopher Sebour
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) June. 22. 1854

8. AGE: Years	Months	Days	If less than one day
87	8	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name ? Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Emil L. Engel (Daughter)
(b) Address 3716 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) 3-12-1942 (Date received by Registrar) (b) Huntington for Nolan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12. 1942 12.15 A.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 12 1942 and that I last saw h[illegible] alive on 3 - 11 - 1942

Immediate cause of death
Chr. Myocarditis — Duration years ?
Due to Old ununited fracture of the right femur — Duration 6 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidow M. D.
Address 3218 Eastern Date signed 3-13-42

VS 8

90109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 90109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 Ravenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Ravenwood Ave
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martin G. J. Kuhn

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	15	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Joseph Kuhn
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Frank G. Kuhn
(b) Address 2407 E. Oliver St.

17 (a) burial (b) Date thereof 3/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. & D. Applefeld Sons
(b) Address Lombard & Arch Sts.

19 (Date received by Registrar) MAR 13 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 2:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to March 12 1942 and that I last saw him alive on Mar. 12 1942

Immediate cause of death: Pulmonary Oedema — Duration: 1 day
Due to
Due to
Other Conditions: Hypertension? Myocardiates?
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Kelly M. D.
Address 101 N. Linwood Ave Date signed Mar 13/42

PLEASE WRITE PLAINLY, with pen and ink. Fill in all blanks by typewriting or printing. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V3 3

F 90110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen C.E. Loane (Birth 3-7-09)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1941

8. AGE: Years	Months	Days	If less than one day
	8	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Milford Loane
13. Birthplace Baltimore

MOTHER
14. Maiden Name Helen C. McDonald
15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen C. Loane
(b) Address 1406 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Harford Rd & Erdman Ave

18 (a) Funeral director Edward W. Pinkett & Son
(b) Address 924 E. Eager St.

MAR 13 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12 1942, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942 to 3/12 1942, and that I last saw h[illegible] alive on 3/12 1942.

Immediate cause of death Sepsis

Due to

Due to

Other Conditions Dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Sepsis

Duration
2 days
from
delay

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Tompkins
Address St Joseph's Hospital Date signed 3/12/42

VS 3

F 90111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 90111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 4814 N. Lawrence St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM BARNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/1889

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Philadelphia (Town, county, and state)

10. Usual Occupation Clerk - Chauffeur

11. Industry or business

FATHER 12. Name Alfred Barner
13. Birthplace ?

MOTHER 14. Maiden Name Louisa Ballinger
15. Birthplace ?

16 (a) Informant Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 13, 42 (month) (day) (year)
(c) Cemetery or crematory Balto. Memorial
Location Frederick Road

18 (a) Funeral director Sr Walter May
(b) Address 619 N. Baulden St

MAR 13 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 5:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said I (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-9-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please write correct age in years, months, days. Correct age is especially important.

VS 6

F 90112

CORA T. RICE

F 90112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lester + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 N. 38th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Cora T. Rice

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Herbert F. Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9-1880

8. AGE: Years	Months	Days	If less than one day
61 Yrs	8	3	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name	Abram Morris
13. Birthplace	Maryland
MOTHER 14. Maiden Name	Kate Durrim
15. Birthplace	Maryland

16 (a) Informant Herbert F. Rice
(b) Address 1015 N. 38th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Gwynn Falls Road Washington Blvd.

19 (a) MAR 13 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12 1942 at 11 10/A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2 1942 to Mar. 12 1942 and that I last saw h.e.r alive on Mar. 12 1942.

Immediate cause of death Rupture of Aortic aneurism

Due to Syphilis

Due to

Other Conditions Carcinoma of visceral organs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Generalized Carcinomatosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Esther Rosberg M. D.
Address St. Agnes Hosp Date signed 3/12/42

VS 3

90113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154

Registered No. E 90113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13-14 Division St.
(c) Hospital or institution: Provident Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs 25m
(e) Length of stay in Baltimore (yrs., mos., or days) 2hrs 25m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 Bethel Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Bethea (Birth F-45507)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-10-42

8. AGE: Years	Months	Days	If less than one day
—	—	—	2 hr. 25 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Edward Conigland
13. Birthplace Tillery N.C.

MOTHER
14. Maiden Name Beatrice Bethea
15. Birthplace Merton, N.C.

16 (a) Informant Beatrice Bethea
(b) Address 235 Bethel Court

17 (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory _____
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 13 1942

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Kelly

19 (a) MAR 13 1942 Interim for Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1942, at 2.49 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1942 to Mar 10 1942 and that I last saw h[illegible] alive on Mar 10 1942.

Immediate cause of death	Duration
Prematurity (28 weeks)	
Due to	
Due to	
Other Conditions Congenital Atelectasis	

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature G. H. Bonfiglio M. D.
Address Provident Hospital Date signed

PLEASE WRITE PLAINLY. Items [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

80-21

F 90114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90114 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 Jackson St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Jackson St., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie E. Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Albert Wheeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1866

8. AGE: Years	Months	Days	If less than one day
75	3	17/9	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Sakers
15. Birthplace Md.

16 (a) Informant Mrs. Margaret E. White
(b) Address 1416 Belt St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director D. Howard Strong
(b) Address 715 Light St.

19 (a) [illegible] (b) MAR 13 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 3.13

20. DATE OF DEATH March 11, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1-1942 to 3-11-1942; and that I last saw h[illegible] alive on 3-10 1942

Immediate cause of death	Duration
Chronic Myocardial Degen.	5 yr.
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Foelsch M. D.
Address 707 E. Fort Ave. Date signed 3-12-42

VS 2

F 90115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Lauretta ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Lauretta ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ethel Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widow(er) or divorced
F	Color	Married

6 (b) Name of husband or wife John Smith
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Aug. 24. 1907

8. AGE: Years	Months	Days	If less than one day
34	6 7	18 -	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Gaingard
13. Birthplace Balto Md

MOTHER
14. Maiden Name Annie Johnson
15. Birthplace Balto. Md.

16 (a) Informant Mr. Caiphus Mills A
(b) Address 1805 Lauretta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16th 42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md.

18 (a) Funeral director Joseph L. Pum
(b) Address 1340 N. Carey st

19 (Name of informant) Huntington Mills [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12 1942 at 2 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942 to 3/12 1942 and that I last saw h[illegible] alive on 3/12 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Pitts M.D.
Address 1536 W. Lanvale St Date signed 3/13/42

VS 3

F 90116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County HOWARD
(c) City or town ELLICOTT CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 FREDERICK ROAD (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Dawson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-03-3334

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 27 1915

8. AGE: Years	Months	Days	If less than one day
27	0	14	hr. min.

9. Birthplace ELLICOTT CITY MD (Town, county, and state)
10. Usual Occupation WELDER
11. Industry or business

FATHER
12. Name DANIEL DAWSON
13. Birthplace MD

MOTHER
14. Maiden Name DAISY BURGESS
15. Birthplace MD.

16 (a) Informant DAISY GRIMES
(b) Address ELLICOTT CITY MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-14 1942 (month) (day) (year)
(c) Cemetery or crematory GOOD SHEPHERD
Location ROCKLAND, MD.

18 (a) Funeral director E. CHIGINBOTHOM
(b) Address ELLICOTT CITY MD

19 MAR 13 1942 (Date received by local registrar) Huntington Willard (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-11 1942 and that I last saw h[illegible] alive on 3-11 1942

Immediate cause of death: Bilat. Lobar pneumonia (type V) E adpticemia — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin O. Dawes, Jr. M. D.
Address Univ. Hosp. Date signed 3-11-42

VS 3

F 90117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-a

F 90117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 11 North Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Kuhrmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Otto Kuhrmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anton Bawlitzek
13. Birthplace Germany

MOTHER
14. Maiden Name Irena Linke
15. Birthplace Germany

16 (a) Informant Otto F. Kuhrmann
(b) Address 11 N. Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Lot 41 Ave.

18 (a) Funeral director Geo. H. Leimbach
(b) Address 515 N. Fremont St

19 (a) MAR 19 1942 (Date filed by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to March 12 1942 and that I last saw h.e. alive on March 12 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Uremia	
Due to metastatic carcinoma of the cervix.	
Other Conditions paraplegia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. H. Krauss Jr. M. D.
Address Church Home & Infirmary Date signed 3/13/42

VS 3

90118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106

Registered No. F 90118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 N. Gilmor (If rural give location)
(e) Country of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Cherry

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-9521

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1899

8. AGE: Years	Months	Days	If less than one day
43	2	0	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Coley Bethlehem

11. Industry or business Steel Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John Gilmor
(b) Address 409 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Girdley
(b) Address 4692 Mount Street

19 MAR 13 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1942 to Mar 9 1942 and that I last saw h alive on 19

Immediate cause of death Pneumonia-Lobar — Duration 3 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hart M. D.
Address University Hosp Date signed 3/10

VS 3

90119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 90119

PLEASE WRITE PLAINLY. Items are important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3163 Lyndale Ave (If rural, give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anna L. Foos

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Christian Foos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/24/1873

8. AGE: Years	Months	Days	If less than one day
68	5	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Postal Business
11. Industry or business Clerk

FATHER
12. Name John Kellner
13. Birthplace Germany

MOTHER
14. Maiden Name Mina Kellner THORMAN
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore Maryland

18 (a) Funeral director A. B. Shepherd & Son
(b) Address 1600 Eastern Ave Baltimore

MAR 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3:35 P.M. 19__, to 4:35 P.M. March 11 1942 and that I last saw here alive on March 11 1942

Immediate cause of death Coronary occlusion — Duration

Due to Coronary arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Graf
Address Johns Hopkins Date signed 3/11/42

F 90120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the word "unknown" inserted where it is impossible to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Pennington Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Waltz

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1890

8. AGE: Years	Months	Days	If less than one day
51	6	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Ship fitter
11. Industry or business Coast Guard

FATHER 12. Name John H. Waltz
13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelmina Salveck
15. Birthplace Germany

16 (a) Informant Arthur H. Waltz
(b) Address 3800 Eastwood Ave, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location R. C. Co. Md.

18 (a) Funeral director E. L. Tipperman & Son
(b) Address 1618 E. Lafayette Ave.

19 (a) MAR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1942, at 1550 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1942 to Mar 12 1942 and that I last saw him alive on Mar 12 1942.

Immediate cause of death: Cardiorespiratory failure — Duration: 4 hrs.
Due to Lobar pneumonia, St Louis type — 36 hrs.
Due to
Other Conditions Rheumatic heart disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr.
Address Union Memorial Hosp. Date signed 3-12-42

VS 8

90121

BALTIMORE CITY HEALTH DEPARTMENT 63-3 F 90121 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Do not abbreviate. Give correct age in years, months, days. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Summit ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country

3 (a) FULL NAME Miss. Maude Eckstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4, Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) may 21, 1895

8. AGE: Years	Months	Days	If less than one day
46 47	10	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Charles E. Eckstein
13. Birthplace Maryland

MOTHER
14. Maiden Name Flora Stockslager
15. Birthplace Maryland.

16 (a) Informant Patient.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem Location Hagerstown Md

18 (a) Funeral director H.K. Coffman
(b) Address Hagerstown Md

19 (a) Filed in this office on MAR 17 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942, at 10 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-1942 to 3-13-1942 and that I last saw h.. alive on 3-13-1942

Immediate cause of death: Cardiac failure

Due to "Thyroid Crisis"

Due to Hyperthyroidism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 12 1942

Major findings of operation: Bilateral subtotal thyroidectomy

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J.H. Pearson M.D.
Address Church Home & Infirmary signed 3/13/42 M. D.

E 90122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 90122

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where correct answer is not known. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 1841 Collington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Horsey Taylor (Birth F-45398)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis McKenrie Boggs Taylor
13. Birthplace Jenkins bridge, Virginia

MOTHER
14. Maiden Name Madalene Horsey
15. Birthplace Denton, Md.

16 (a) Informant Mrs. Madalene Taylor
(b) Address 1841 Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Foos
(b) Address 2024 Orleans St

Date filed MAR 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1942, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1942, to March 13 1942, and that I last saw him alive on March 13, 1942.

Immediate cause of death	Duration
Atelectasis Pneumatosis	2 days
Due to Premature 7½ months	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E Madison Ave Date signed 3/13/42

VS 3

90123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90123
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S. CONKLING ST.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Bernard Nichaus

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb/ 21/1868
8. AGE: Years 74 Months Days 17 If less than one day hr. min.
9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace Phila. Pa.

16 (a) Informant Rev. Michael Will
(b) Address 600 S. Conkling

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar. 14/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

18 (a) Funeral director Lilly & Sons Inc.
Address 403 S. WOLFE ST.

19 (a) MAR 14 1942 (Date rec'd by registrar) (b) Huntington-Williams Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942 at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942 to 3/10 1942 and that I last saw him alive on March 10 1942.

Immediate cause of death
Pulmonary Edema
Due to Thrombocytopenic Purpura of Secondary
Due to
Other Conditions Bright's Disease Hypertrophy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. V. Ingraham
Address St Joseph's Hospital Date signed 3/10/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

VS 3

90124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 90124 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if available. Do not abbreviate. Give full name of street and number. Give correct age in years, months, and days. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. East. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Tribull

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna Tribull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2/ 1854

8. AGE: Years	Months	Days	If less than one day
88	2	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Magdalina Tribull
(b) Address 704 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Lilly & Goodhart
(b) Address 403 S. Wolfe St.

19 (a) MAR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11 1942 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1942 to March 11 1942, and that I last saw h. alive on March 9 1942

Immediate cause of death
Chronic Myocarditis
Cerebral Embolism

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy None

Duration
Many years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. L. Groff M. D.
Address 2240 Eutaw Place Date signed 3/11/42

90125 HH 398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 90125
Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use no abbreviations. Give the exact location of birth and residence and the full name of parents. Physicians: please write the causes of death clearly and legibly. Be sure to fill in items 20 to 23 and to sign certificate. Undertakers: please see that the personal particulars are correct and complete. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 S. Eaton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Wagner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife CHARLES WAGNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR-3-1881

8. AGE: Years	Months	Days	If less than one day
61	0	9	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation House Wife.
11. Industry or business AT HOME

FATHER
12. Name Milton Nossett
13. Birthplace Va

MOTHER
14. Maiden Name Martha Ritter
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave Rd.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) MAR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 12 1942 at 12.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1942 to MAR 12 1942, and that I last saw her alive on MAR 12 1942

	Duration
Immediate cause of death: Myocardial infarction	1 mo
Due to (a) Hypertensive C-V disease	3+ yrs
Due to (b) Right hemiplegia	1 wk
Due to (c) cerebral embolism	?
Other Conditions Diabetes, mild	25 yrs
Carcinoma of breast, cured	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 3/19/42

F 90126 or 72435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Edmondson Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Johnson) Viola Noble

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	—

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1906

8. AGE: Years	Months	Days	If less than one day
35	8	10	hr. min.

9. Birthplace Warren Va. (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name James Allison
13. Birthplace ? Va

MOTHER
14. Maiden Name Emma Raymond
15. Birthplace Va.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Warrenton Va.
Location

18 (a) Funeral director Geo. W. Kelson
(b) Address 1303 Pressman St

19 (a) MAR 14 1942 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1942 at 2 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1942 to 3-12 1942 and that I last saw her alive on 3-12 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 3-13-42

VS 3

Please write plainly. Physicians; please write the causes of death clearly and legibly. correct age is especially important.

90127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 90127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 305 W Preston St. (If outside city or town limits write RURAL and give town)
(d) Street No. 11 E Balto 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

Birth (F 35733)

3 (a) FULL NAME Alice Marlow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-21-41

8. AGE: Years	Months	Days	If less than one day
	5 4	20	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Chapman
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant John Chapman
(b) Address 305 W Preston St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Joseph Halstead
(b) Address 9 E Preston St

19 (a) MAR 14 1942 (Date rec'd by registrar) (b) Huntington for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to he death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Hofferbert M.D. Medical Examiner
Date signed 3/12/42

Please answer questions carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 6

F 90128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 90128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Waller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1895

8. AGE: Years	Months	Days	If less than one day
46	10	15	hr. min.

9. Birthplace Afton, Virginia
(Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name George Waller
13. Birthplace Va.

MOTHER
14. Maiden Name Nannie Ford
15. Birthplace Va

16 (a) Informant George Waller
(b) Address 361 Greene Ave Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (month) (day) (year)

(c) Cemetery or crematory Nat. Cemetery
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Richmond St

19 MAR 14 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942, at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Penetrating wounds of Chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/4/42 about 3P M
(c) Where did injury occur? 925 Madison Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) How injury occurred Shot with pistol by Ernest

23. Signature H. W. Anderson M.D.
Medical Examiner.
Date signed 3/9/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90129 OF 25456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 90129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 1401 Druid Hill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME

3 (b) If veteran, name war: Jennie Simpson
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife: George (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1851

8. AGE:

Years	Months	Days	If less than one day
90	2	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Pullett
13. Birthplace Maryland

MOTHER
14. Maiden Name Sally Beachman
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George M. Holland
(b) Address 1401 Druid Hill Ave.

19 MAR 14 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12-42 19 , at 4 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1937 to 3-12 1942 and that I last saw her alive on 3-12 1942

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to

Due to

Other Conditions: Cerebral arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-13-42

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 90130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry Bieke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lula M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	24	hr. min.

9. Birthplace Washington, DC. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Lula M. Bieke
(b) Address 1107 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1691 Druid Hill Ave

19 (a) MAR 14 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 42 to Mar 11 1942 and that I last saw alive on Mar 11 42

Immediate cause of death Apoplexy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank C. Haguer, M.D.
Address 3027 Edmondson Ave Date signed 3/13/42

VS 2

F 90131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 90131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: St Joseph's hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Port Street. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY C. DORN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louis A. Dorn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1885

8. AGE: Years 56 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name John Neubauer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs John M. Wolf
(b) Address 1705 N. Port St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd Balto. Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2425 E Oliver St

19 (a) MAR 14 1942 (b) Huntington Williamsport, Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/13/ 1942, at 4:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10/ 1942 to 3/13/ 1942 and that I last saw h[illegible] alive on 3/13/ 1942

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertensive cardio
Due to: Arterior disease

Duration: 24 hrs. at least 5 years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Tompkins
Address St Joseph's Hospital Date signed 3/13/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure to answer all questions. Be sure to give exact street address or location. Be sure to give exact correct age is especially important.

(Birth #F 45479) X ✓

F 90132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a F 90132

1. PLACE OF DEATH Bon Secours Hospital
CITY OF BALTIMORE: (No. 2 0 1 St. Ward 29 hrs.)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Soul Twin #1
If U. S. Veteran specify WAR

(a) Residence: No. Abington, Md. St., ... Ward. Harford Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3.12.42

7. AGE: Years | Months | 1 Days | If LESS than 1 day: hrs. 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME James Albert Soul
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER
15. MAIDEN NAME Anna Sebesta
16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St. Francis Abingdon, Md. Date Mar. 15, 1942

19. UNDERTAKER Howard K. McComas
(Address) Abingdon, Md.

MAR 14 1942 Huntington Williams, M.D.
(Date received) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.13.42, 19...

22. I HEREBY CERTIFY, That I attended deceased from 3.12.42, 19... to 3.13.42, 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 6;45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foetal Asphyxia	
28 wks. gestation	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. J. Cuchtis M. D.
(Address) Bon Secours

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether accident, suicide, or homicide. OCCUPATION is very important. See instructions on back of certificate.

VS 8

(Birth # 45480)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a F 90133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

21hrs. 25min.

2. FULL NAME Baby Boy Soul Twin #2

If U. S. Veteran specify WAR

(a) Residence: No. Abington, Md. St. ... Ward. Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3.12.42

7. AGE — Years	Months	Days	If LESS than 1 day, 1 hrs. or 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Albert

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Sebesta

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Francis Abingdon, Md. Date May 15, 1942

19. UNDERTAKER Howard N. McComas

(Address) Abingdon, Md.

20. FILED ... 19... ... Registrar.

MAR 14 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.13.42, 19...

22. I HEREBY CERTIFY, That I attended deceased from 3.12.42, 19... to 3.13.42, 19...

I last saw him alive on 3.13.42, 19... Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foetal asphyxia	

Other contributory causes of importance:

28 wk. gestation

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. F. Richter M. D.

(Address) Bon Secours

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 90134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oswald Wassland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs A. Huckman

(b) Address 15 So. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location O'Donnell Street,

18 (a) Funeral director Charles P. Schimmel

(b) Address 2601-03 E. Madison, Street

19 (a) MAR 14 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 4:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andelis M.D. Medical Examiner.
Date signed 3-12-42

Please correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

412702

F 90135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 90135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo 12d
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo 12d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Rosalie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Remley

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-63

8. AGE: Years 78 | Months 6 5 | Days 26 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Auld
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Clark
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 619 St Paul St

19 (a) MAR 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1942 at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1942 to Mar 13 1942 and that I last saw her alive on Mar 13 1942

Immediate cause of death: Cardiac failure — Duration: 1 yr
Due to: Arteriosclerotic C-V disease ? — ?
Due to: Carcinoma Descending Colon — ?
Due to: Anemia — ?
Other Conditions: Diabetis acidosis — 1 wk

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Hinman M.D.
Address Date signed

Please write clearly. Physicians: please write the cause of death clearly and correct age is especially important.

VS 2

F 90136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90136 Registered No.

HC(72150)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 W. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME M.E. Iola Smithson

3 (b) If veteran, name war	3 (c) Social Security Account No.
40	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1880

8. AGE: Years	Months	Days	If less than one day
61	6	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Smithson
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Bok
(b) MAR 14 1942 E. Read St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1942, at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1942 to 3-12 1942, and that I last saw h[illegible] alive on 3-12 1942

Immediate cause of death: Coronary occlusion — Duration: 1 day
Due to: Gen. arteriosclerosis — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-13-42

Please write plainly. Physicians: please write the cause of death in such a way that correct age is especially important.

VS 3

F 90137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 90137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118 Northern Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Jane Myers

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Ira H. Myers
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 14 1871
8. AGE: Years 70 | Months 7 | Days 28 | If less than one day hr. min.
9. Birthplace East Berlin Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Uriah Jacobs
13. Birthplace Adams Co. Pa.

MOTHER
14. Maiden Name Catherine E. Mouk
15. Birthplace Adams Co. Pa.

16 (a) Informant Melvin A. Myers
(b) Address 3118 Northern Pkwy

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Parkwood
Location Parkville Balto Co. Md

18 (a) Funeral director William Cook
(b) Address 1347 St Paul St

MAR 14 1942

19 (a) (Date rec'd by registrar) (b) Registrar
Signing for William, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12th 1942, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1942 to 3-12 1942 and that I last saw h~~er~~ alive on 1-11 1942

Immediate cause of death: Arterio Sclerosis
Due to: Coronary Thrombosis
Due to: Toxic disturbances
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: one hour

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Dow M. D.
Address 2901 E. Monument St Date signed 1-13-42

correct age is especially important. Physicians: please write plainly

F 90138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Apartment
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hop Kins Apts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clara Spencer Grimsley

3 (b) If veteran, name war NO
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) ~~Single, married, widowed, or divorced~~ Married
6 (b) Name of husband or wife George P. Grimsley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 10th 1867
8. AGE: Years 74 | Months 9 | Days 5 | If less than one day hr. min.
9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Emory O. Spencer
13. Birthplace Unknown

MOTHER
14. Maiden Name Rachel Humphreys
15. Birthplace Ohio

16 (a) Informant George P. Grimsley
(b) Address Hopkins Apt
17 (a) Removal (b) Date thereof 3/14/42 (month) (day) (year)
~~District, institution, or~~ removal
(c) Cemetery ~~or crematory~~ Green Lawn
Location Columbus Ohio
18 (a) Funeral director William Cook
(b) Address 1465 - St. Paul St
19 (a) MAR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1942, 9:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1927 to 3/13 1942 and that I last saw h[illegible] alive on 3/13 1942

Immediate cause of death: Bronchopneumonia — Duration: 3 wks
Due to
Due to
Other Conditions: Malignant hypertension, Advanced arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury
23. Signature Samuel Morrison, M.D.
Address 11 E. Chase St. Date signed 3/14/42

VS 2

Please write the names in full; the correct age is especially important. Physicians: please write plainly.

F 90139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1.07

F 90139 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence instead of hospital or institution. If residence is outside city limits, write RURAL in addition to street address or location. If born dead, write "Stillborn." Physicians: please write the causes of death clearly and legibly. Underlining is especially important. Please answer all questions. Use extra sheet if necessary. Be sure that the age, color, and cause of death are correctly stated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 665 Sterling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 665 Sterling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Alice Wilson

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct 3 - 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	5	8		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Lumberman

11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Wilson
15. Birthplace Balto Md

16 (a) Informant Mrs Alice Wilson
(b) Address 665 Sterling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 15 42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore City Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 142 Jefferson St

19 MAR 14 1942 Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to March 11 1942 and that I last saw him alive on March 11 1942

Immediate cause of death

Acute Bronchial Pneumonia

Due to Hypertension

Due to & Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration: Feb 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Allen

Address 121 Druid Hill Ave Date signed 3-12-42

VS 3

F 90140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 90140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Windsor Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelius Alexander Willhide

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Effie L. Willhide
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13, 1864

8. AGE: Years	Months	Days	If less than one day
78	1	29 27	hr. min.

9. Birthplace Thurmont, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Courade Willhide
13. Birthplace Thurmont, Md.

MOTHER
14. Maiden Name Harriett Wolfe
15. Birthplace Frederick Co. Md.

16 (a) Informant Mr. Paul A. Willhide
(b) Address 711 Dryden Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa.

MAR 14 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 4:10AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1942, to Mch 12 1942 and that I last saw h[illegible] alive on Mch 11 1942.

Immediate cause of death
(a) intestinal infection
Due to (b) Acute enteritis.
Due to (c)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
(a) 1 wk.
(b) (c) unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bernard Kosak M. D.
Address 2200 Garrison Blvd. Date signed 3/13/42

VS 8

Please write in ink and correct age is especially important. Physicians: please write the causes of death in every case

F 90141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 90141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3939 Cloverhill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3939 Cloverhill Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

12 d

3 (a) FULL NAME Howard Vernon Canter

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna Maloy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Professor of Classics
11. Industry or business U. of Illinois

FATHER
12. Name James Hiram Canter
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Ann Wise
15. Birthplace Pa.

16 (a) Informant Mrs. Canter, wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAR 14 1942 (Date received) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to March 13 1942 and that I last saw h alive on March 13 1942

Immediate cause of death
Carcinoma of large intestine
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wolfenweber, M.D.
Address 527 N. Charles St. Date signed 3-17-42

A. L. Wolfenweber, M.D. New St.

Form must be filled out in full and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 90142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

Registered No. E 90142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Lynchester Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Lynchester Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

15 South

3 (a) FULL NAME Horace Isaac

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna O. Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 10, 1866

8. AGE: Years: 75 | Months: 10 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Howard Co., Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: George Isaac
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Boltz
15. Birthplace: Maryland

16 (a) Informant: Mr. John A. Maguire
(b) Address: 3510 Lynchester Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 MAR 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1942, at 7:20AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1942 to March 12 1942 and that I last saw h alive on March 10 1942.

Immediate cause of death: Coronary Thrombosis — Duration: about 1 hr.

Due to: Arteriosclerosis C.V.D. — Duration: years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: G. Hyslop Thurston M. D.
Address 888 W. Cumberland St Date signed 3-13-42

VS 8

correct age is especially important. Physicians: please write the cause of death plainly.

4 11998 90143 ✓ X F 90143

BALTIMORE CITY HEALTH DEPARTMENT 131-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co
(c) City or town Round Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife MARY
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 3. 1902

8. AGE: Years	Months	Days	If less than one day
39	4 5	9 10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business S.R.B.

FATHER
12. Name John Doyle
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Elliott
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Frederick Rd.

18 (a) Funeral director L. P. McCauley
(b) Address 130 E. Fort Ave.

MAR 14 1942 Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 8.02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1942 to March 12 1942 and that I last saw h[illegible] alive on 3/12 1942

Immediate cause of death

	Duration
UREMIA	?
Due to ARTERIOLAR NEPHROSCLEROSIS	?
Due to HYPERTENSIVE CARDIO-	?
Other Conditions VASCULAR DISEASE	?

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify actual place) While at work?
(e) Means of injury:

23. Signature W. L. Sweet M.D.
Address Johns Hopkins Hospital Date signed 3/13/42

VS 3

Physicians: please write the causes of death clearly and legibly. Accurate information, correct age is especially important.

F 90144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90144 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town 133 W Hill Street (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3 (a) FULL NAME Marion Shorts (Birth # 31313)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5 1941

8. AGE: Years	Months	Days	If less than one day
	8	7	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name William Shorts
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Roberts
15. Birthplace Md

16 (a) Informant Mary Roberts (M)
(b) Address 133 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 08 W Monument St

19 (Signature of local registrar) MAR 14 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1942 to Mar 13 1942 and that I last saw h[illegible] alive on Mar 13 1942.

Immediate cause of death: Pneumonia — Duration: one

Due to ____

Due to ____

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature W M Strayer
Address Univ. Hosp Date signed 3/14/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, so state. Do not leave blanks. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 90145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1155 Registered No. F 90145

Important. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 E. 28th. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 424 E. 28th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Loretta Koller

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Luther B. Koller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14th, 1884

8. AGE: Years	Months	Days	If less than one day
57	9	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Stephen J. Kilduff
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Kuhn
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Luther B. Koller
(b) Address 424 E. 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director J. Wm. Loudenslager
(b) Address 501 E. 22nd Street.

19 MAR 14 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/42 19 42 at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15th. 41. to Mar. 12th 19 42.
and that I last saw her alive on Mar. 10th. 19 42.

Immediate cause of death Pagets Disease — Duration 2 years.
Due to unknown — own
Due to ---
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. W. Mungenast M.D.
Address 401 E. 25th. St. Date signed 3/13/42.

VS 3

90146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. E 90146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Loch Raven Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) App. 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Loch Raven Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Petersen

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 213-03-6430

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Kate H. Petersen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1875

8. AGE: Years 66 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Copenhagen, Denmark (Town, county, and state)

10. Usual Occupation Gear Cutter

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name Marie Hansen
15. Birthplace Denmark

16 (a) Informant Mrs. Martin Petersen
(b) Address 2408 Loch Raven Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)

(c) Cemetery or crematory North Cedar Hill Cem
Location Philadelphia, Pa

18 (a) Funeral director J. Lester Weishaupt
(b) Address 1128 E. 22nd Street

MAR 14 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/42 19 , at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941, to Mar 12 1942
and that I last saw h[illegible] alive on March 12 1942

Immediate cause of death Carcinoma Colon — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Abdominal Not

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Ephraim M.D.
Address 43 E Lex St Date signed 3/13/42

VS 8

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

90147

SS 72313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

F 90147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 East Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H Gerlack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1885

8. AGE: Years	Months	Days	If less than one day
56	9	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Newspaperman
11. Industry or business Unemployed

FATHER
12. Name John H. Gerlack
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Louise Plummer
15. Birthplace Maryland

16 (a) Informant H. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Wm J Fletcher & Son
(b) Address North & Fa aves

19 MAR 14 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1942 at 8 3/4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1942 to 3-13 1942, and that I last saw h alive on 3-13 1942

Immediate cause of death
1 Bronchopneumonia
2 Coronary occlusion
Due to
Due to
Other Conditions Gen'l. arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Post Mortem

Duration
7 days
over
?

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp Date signed 3-14-42

Please write clearly. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

90148
SS 72286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √61

Registered No. F 90148

PLEASE WRITE PLAINLY with unfading ink. Use no abbreviations. Do not leave any blank. If unknown or not applicable, write the word. Answer each question in full. Statements must agree as to host, race, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5504 Stonington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcella Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Michael McGuinness
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Murphy
15. Birthplace Ireland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Grove
Location Balto. City.
18 (a) Funeral director C. Vernon Lawrence
(b) Address 4611 Park Heights Ave.
19 (a) MAR 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 3-13 1942 and that I last saw h alive on 3-13 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	7 days
Due to Chron. arteriosclerosis	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Howard R. Raeburn M. D.
Address Balto. City Hosp Date signed 3-13-42

VS 3

90149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. E 90149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full name and address. Do not abbreviate. Give exact residence and correct age in years. If unknown, state approximate age. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood, Greene Sts.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosalia Vecchione

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Anthony Vecchione
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb 5-1892

8. AGE: Years	Months	Days	If less than one day
50	1	7	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Pietro Tenino
13. Birthplace Italy

MOTHER
14. Maiden Name Virginia Puetto
15. Birthplace Italy

16 (a) Informant Antonia Vecchione
(b) Address 3024 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 16 / 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Fusaro Jr.
(b) Address 2013 Pennsylvania Ave

19 MAR 14 1942 Huntington Williams M.D.
(Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1942 to 3/12 1942 and that I last saw h[illegible] alive on 3/12 1942

Immediate cause of death: Terminal failure — Duration 4 d.

Due to: Remaining diabetes mellitus; yellow jaundice — 5 d. — 18 d.

Due to: coma unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sniffen, M.D.
Address Univ. Hosp Date signed 3/12/42

VS 1

90150 SS 72386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 25

Registered No. E 90150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1947 North Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Peter Scherer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4836

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	24 26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Maryland Wills

FATHER
12. Name Charles Scherer
13. Birthplace Maryland

MOTHER
14. Maiden Name Cordelia Kellum
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Balto. Md.

18 (a) Funeral director Bafford Eugene H. Knight
(b) Address 721 Edgewood St.

19 (a) MAR 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1942 at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9-42 1942 to 3-12 1942 and that I last saw him alive on 3-12 1942.

Immediate cause of death Toxemia — Duration

Due to Urinary extravasation 48 hrs

Due to Urethral Stricture years

Other Conditions own

(Include pregnancy within 3 months of death)
Date of operation 3-9-42
Major findings of operation: Same
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Rigdon M. D.
Address B C H Date signed 3-13-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please state duration in each case where it is required, and correct age is especially important.

VS 3

90151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No. F 90151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lester Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1914

8. AGE: Years	Months	Days	If less than one day
27	2	19	hr. min.

9. Birthplace Cross Station Co. N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Henderson

13. Birthplace N. C.

MOTHER 14. Maiden Name Mamie Bloan

15. Birthplace N. C.

16 (a) Informant Mamie Ingram

(b) Address 717½ S. Market St Greensboro N. C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location A. A. Co. Md.

18 (a) Funeral director Bryson & Francis H. Knight

(b) Address 739 Edgewood St

MAR 14 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 10:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypostatic Congestion Cardiac Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed

Please write clearly. Physicians: please write the causes of death clearly and legibly. Statement of age is especially important.

V8 6

F 90152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F-90152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 N Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 N Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John E. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 239-22-5325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Jacksonville - N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edward Brown
13. Birthplace N.C.

MOTHER 14. Maiden Name Alice Perkins
15. Birthplace N.C.

16 (a) Informant Edward Brown
(b) Address 306 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-42 (month) (day) (year)
(c) Cemetery or crematory Wilmington N.C.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3209 W Schroeder St Huntington Station

19 MAR 14 1942 (Date rec'd by registrar) (b) Huntington Station Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1942 at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhagic gastro enteritis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/14/42

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 90153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90153 Registered No.

RC(72248)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Harlem Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Louvenia
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1897

8. AGE: Years	Months	Days	If less than one day
44	5	25	hr. min.

9. Birthplace Lynchburg, Virginia (Town, county, and state)
10. Usual Occupation Laborer-Tunnel work
11. Industry or business

FATHER
12. Name Thomas (d)
13. Birthplace Lynchburg, Virginia

MOTHER
14. Maiden Name Hanie Hilton
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Elroy Wilson
18 (a) Funeral director
(b) Address 1000 Pleasant Valley Ave
19 (Date received) MAR 15 1942 Huntington Williams M.D. (Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1942 at 1 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942 to 3-12 1942, and that I last saw him alive on 3-12 1942.

Immediate cause of death Cardiac failure — Duration 7

Due to Pneumococcinia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca short

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Patterson M. D.
Address Balto. City Hosp Date signed 3-15-42

PLEASE WRITE PLAINLY. Fill in all blanks. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 90154

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. West

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Annie West

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1874

8. AGE: Years 68 | Months 7 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Lumber yard

FATHER 12. Name Thomas H. West

13. Birthplace Md

MOTHER 14. Maiden Name Caroline Grace

15. Birthplace Md

16 (a) Informant Mrs Florence Reinhold

(b) Address 329 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bentley ave

19 Mar 15 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1942 to Mar 12 1942 and that I last saw h[illegible] alive on Mar 12 1942

Chronic nephritis

Uremia

Cause

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Tyler Coleman M. D.

Address 2039 McCulloh Md

Please write clearly with pen and ink. Physicians: please write the cause of death clearly and legibly. Information regarding correct age is especially important.

F 90155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-D

F 90155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Freeport (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 (If rural give location)
(e) Origin of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Hugo Steams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. Jeannette Steams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23 - 1866

8. AGE: Years 75 76 | Months 10 mos | Days 17 21 | If less than one day hr. min.

9. Birthplace Germany (State or foreign country)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Ralph Steams
13. Birthplace Germany

MOTHER
14. Maiden Name Joanna Brenemen
15. Birthplace Germany

16 (a) Informant wife
(b) Address Freeport N.Y.

17 (a) Removal (Burial, cremation or removal) (b) Date thereof 3/14/42. (month) (day) (year)
(c) Cemetery or crematory Freeport, L.I. New York, via N.Y. City, then to Freshpond cem. Queens co. N.Y.
Location

18 (a) Funeral director Klein Somerstein & Son
(b) Address 1902 Eutaw Place.

19 (a) (Signature of registrar) (b) Registrar

MAR 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1942, at 3.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1942 to 3-14 1942 and that I last saw h[illegible] alive on 3-14 1942

Immediate cause of death Cerebral hemorrhage — Duration 8 days

Due to

Due to

Other Conditions Cancer of rectum
Metastasis
(Include pregnancy within 3 months of death)

Date of operation 3-6-42

Major findings of operation: Ca of rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Leshe M. D.
Address Union Mem. Hosp. Date signed 3-14-42

VS 3

F 90156 F 90156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & Slat St.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days): 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Virginia (b) County:
(c) City or town: Alexandria
(If outside city or town limits, write RURAL, and give town)
(d) Street No.: 85 John Roberts Homes
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: George Edward Miller

3 (b) If veteran, name war:

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Parsons

6 (c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1860

8. AGE: Years: 61 Months: 5 Days: 18 If less than one day: hr. min.

9. Birthplace: Shenandoah Co., Virginia
(Town, county, and state)

10. Usual Occupation: Watchman

11. Industry or business: U.S. Eng. Corps

FATHER
12. Name: George Miller
13. Birthplace: Rockingham Co., Va.

MOTHER
14. Maiden Name: Sarah Foley
15. Birthplace: Rockingham Co., Va.

16 (a) Informant: Records - U.S. Marine Hospital
(b) Address: Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3 / 14 / 42 (month) (day) (year)

(c) Cemetery or crematory:
Location: Alexandria, Va.

18 (a) Funeral director: W. J. Tickner & Sons
(b) Address: Bath & Pa Aves

19 MAR 15 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 19 42, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 19 42 to Mar. 14 19 42 and that I last saw h[im] alive on Mar. 14 19 42

Immediate cause of death: Myocardial infarction — Duration: 2 days
Due to: Coronary Thrombosis — 2 days
Due to: Arteriosclerosis — Unknown
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. N. Graham Terry M. D.
Address: U.S. Marine Hospital Baltimore, Maryland
Date signed

Please write plainly. Physicians: please write the causes of death clearly and give correct age is especially important.

F 90157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 90157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 HARLEM AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 HARLEM AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA M. PISARSKI ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex FEMALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife Edmund S. Pisarski

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) JULY 19 1887

8. AGE: Years 54 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace BALTIMORE Md (Town, county, and state)

10. Usual Occupation

11. Industry or business NONE

FATHER 12. Name CHARLES E. CRAIG

13. Birthplace BALTIMORE Md

MOTHER 14. Maiden Name MARY I. FENTON

15. Birthplace BALTIMORE Md

16 (a) Informant Edith M. Straube

(b) Address 2408 HARLEM AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16-1942 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location City

18 (a) Funeral director Roth Co. B.M. Walter

(b) Address Pratt & Stricker Sts

19 (a) MAR 15 1942 (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 11 1942, at 3.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1941, to 3/11 1942, and that I last saw her alive on 3/11 1942.

Immediate cause of death BRONCHOPNEUMONIA — Duration

Due to UREMIA

Due to CARCINOMA OF BLADDER WITH METASTASES — 10 mos

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Schwartz M. D.

Address 2301 Harlem Ave Date signed 3/12/42

Please write plainly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 90159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 464

F 90158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st st.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Pulaski St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Morris Kaufman

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218 03 2654

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hettie Minner

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 20, 1896

8. AGE: Years 45 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation --

11. Industry or business --

FATHER
12. Name Michael Kaufman
13. Birthplace Russia

MOTHER
14. Maiden Name Pruma Sherman
15. Birthplace Russia

16 (a) Informant Records-U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15/42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Bowley's Lane

18 (a) Funeral director Jos. Levinson Bros
(b) Address 1124-26 W North ave

19 (a) [illegible] (b) Huntington Williams, M.D.
(Local registrar)
MAR 15 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942 to March 14 1942 and that I last saw him alive on March 14 1942

Immediate cause of death Uraemia — Duration 4 days?

Due to Acute exacerbation of chr. nephritis — Duration one wk?

Due to 1) Hemangio-endothelioma — Duration 2 years?

Other Conditions & metastasis to liver, kidneys 2) Diabetes mellitus — Duration 6 mos?

(Include pregnancy within 3 months of death)

Date of operation 2/28/42

Major findings of operation: Abscess, dorsum left hand

of autopsy: As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T B N Anderson Coroner, M. D.
U.S. Marine Hospital
Address Baltimore, Md. Date signed 3/14/42

FILLING OUT THIS CERTIFICATE. Physicians: please write the causes of death clearly and legibly. Exact and correct age is especially important.

F 90159

Boris Feldman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 20159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Av
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 2 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Springhill Av.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Boris Feldman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Sarah Feldman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
53 ~~54~~			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Cigar + Candy Stand
11. Industry or business

FATHER
12. Name Mayer Feldman
13. Birthplace Russia

MOTHER
14. Maiden Name Getta
15. Birthplace Russia

16 (a) Informant Irvin Friedman
(b) Address 3704 Fairview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/42 (month) (day) (year)
(c) Cemetery or crematory Northern Circle
Location Mt. Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 4397 E. Balto St

19 (a) MAR 15 1942 (b) Huntington Williamsport Pa

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1942 to March 13 1942, and that I last saw him alive on March 13 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to Hypertension in Cardio Vascular Disease.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Kimberly M. D.
Address Sinai Hospital Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Also correct age is especially important.

F 90160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 90160 Registered No.

PLEASE WRITE PLAINLY, with pen or pencil. Make no erasures. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 E. 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E. 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick J. Kaufmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Cora E. Woodroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb.-5-1869

8. AGE: Years	Months	Days	If less than one day
73	1	7	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Railroad Man
11. Industry or business M. & P.

FATHER
12. Name Urban Kaufmann
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Agnes Fissel
15. Birthplace Germany

16 (a) Informant Mrs Cora E. Kaufmann
(b) Address 321 E. 27th St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March-16-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hoeck & Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) MAR 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March-12-1942 19 10.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942 to 3-12 1942 and that I last saw him alive on 3-12 1942

Immediate cause of death Myocardial Failure

Due to Hypertension

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Standeven M. D.
Address 1123 St Paul St Date signed 3/14/42

Howard J. Madden M.D.

F 99161

Kraus

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 99161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 N Port St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph H. Kraus

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Bauman

6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1856

8. AGE: Years	Months	Days	If less than one day
85	5	10	hr. min.

9. Birthplace Portsmouth Va. (Town, county, and state)

10. Usual Occupation Retired Musician

11. Industry or business

FATHER
12. Name Michael Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Mrs. John Mohr
(b) Address 1819 North Port Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Adam Road

18 (a) Funeral director Henry Hecker Sons
(b) Address 1301 E. Fayette St

19 (a) MAR 15 1942 (b) [signature] (Address) M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942 at 2.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h.. death on the day stated above.

Immediate cause of death Retropharyngeal carcinoma — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. (Medical Examiner)
Date signed 3/17/42

Physicians: please write the causes of death clearly and legibly. Information is especially important. correct age is especially important.

F 90162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90162

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Mullenberg.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles H. Mullenberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 11, 1850

8. AGE: Years 91 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business: No

FATHER
12. Name: George Spertzel.
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Lintz.
15. Birthplace: Germany

16 (a) Informant: Thomas H. Mullenberg,
(b) Address: 822 Longfellow St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 16, 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md.

18 (a) Funeral director: George W. Little,
(b) Address: 2700 Edmondson Ave

19 MAR 15 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942, at 11.49 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 19 , to March 13 1942; that I last saw him alive on March 13 1942.

Immediate cause of death	Duration
Acute dilitation of heart	1 hr
Due to Myocarditis	6 mos
Due to	
Other Conditions Paralysis agitans	12 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Stubblefield M. D.
Address 2220 Garrison Date signed March 16 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 90163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 90163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th St Home for Incurables -
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

1351

3 (a) FULL NAME Richardson, Mrs Grace Johnson -

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Clinton A. Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1865

8. AGE: Years	Months	Days	If less than one day
76	4	13	hr. min.

9. Birthplace Balto. Md -
(Town, county, and state)
10. Usual Occupation Home -
11. Industry or business

FATHER
12. Name Wm. H. Johnson -
13. Birthplace Balto. Md -

MOTHER
14. Maiden Name Mary F. Abrahams
15. Birthplace Balto. Md -

16 (a) Informant Mrs. Wharton
(b) Address 700 W 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) Date received MAR 15 1942 (b) Registrar Worthington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1941 to March 14 1942, and that I last saw him alive on March 13 1942.

Immediate cause of death	Duration
Hypertension and Arteriosclerotic Ellis Vascular Disease	10 years
Due to Acute Hypostatic Pneumonia	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolf M. D.
Address 11 E. Chase St, Baltimore Md. Date signed 3-14-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B ✓ Registered No. F 90164

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1359 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1359 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

154

3 (a) FULL NAME JOSEPHINE DAVAGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1848

8. AGE: Years	Months	Days	If less than one day
93	10	17	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charles Davage
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Henrietta Thomas
15. Birthplace Charles Co. Md.

16 (a) Informant Miss Hattie Davage
(b) Address 1359 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Longreen, Balto. Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Date received by Local Registrar MAR 15 1942 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 12, 1942 19 , at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1941 to March 12 1942 and that I last saw h[illegible] alive on March 2 1942.

Immediate cause of death: Aneurism abdominal | Ruptured — Duration 6 yrs?

Due to:

Due to: Mitral Regurgitation — 6 yrs.

Other Conditions: age —
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: ✓

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Wright M. D.
Address 1709 Preston Date signed 3/14/42

F 90165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 90165 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Accuracy and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 S. CASTLE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. CASTLE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE DUSCHL

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: MATHAIS DUSCHL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAR. 28 1881

8. AGE: Years 60 | Months 11 | Days 15 13 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: RAYMOND GUMNINGER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: CAROLINE KELLERMAN
15. Birthplace: GERMANY

16 (a) Informant: MATHIAS DUSCHL (HUS)
(b) Address: 107 S. CASTLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER CEM.
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Zeiler Inc
(b) Address: 403 S. WOLFE ST.

19 (a) MAR 15 1942 (b) Huntington Woodbourne, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 13 1942 AM. 12/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to Mar. 13 1942 and that I last saw h[illegible] alive on Mar. 12 1942

Immediate cause of death: Carcinoma of lung — Duration: 6 mos.
Due to:
Due to:
Other Conditions: diabetes mellitus — 2½ yrs.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature L. E. Wise M. D.
Address 920 St. Paul Date signed 3-14-42

F 90166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-a

F 90166 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information must be given for each item. Underline correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 788 W. CROSS ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 788 W. CROSS ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA B. HOH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife CHARLES P. HOH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 10 1868

8. AGE: Years	Months	Days	If less than one day
73	11	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name MICHAEL ZEILER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MAY UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOHN A. HOH (SON)
(b) Address 788 W. CROSS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 16/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly & Zeilenhar
(b) Address 403 S. WOLFE ST.

19 (a) (State registrar's signature) (b) Registrar
MAR 15 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH MAR. 13 19 42 at 9/45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1942 to Mar 13 1942 and that I last saw h-r alive on Mar 13 1942

Immediate cause of death: Auricular Fibrillation — Duration: 5 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Hale, M. D.
Address 517 Scott St. Date signed 3-14-42.

F 90167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

Registered No. F 90167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this office before burial or removal from city. Please answer all questions. If unknown or if not applicable, write none. Where a question refers to a person under one year old, state correct age in months, days, or hours. Underlining the cause of death is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Leonora Logan

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Rhodes H. Logan

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1881

8. AGE: Years 60 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Trenton N. J. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER — 12. Name Arthur H. Hurd

13. Birthplace England

MOTHER — 14. Maiden Name Mary E. Brownbridge

15. Birthplace England

16 (a) Informant Rhodes Logan Husband

(b) Address 509 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

MAR 15 1942 (Date rec'd by registrar) (b) Huntingtown Williamsport, Md.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1942 at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1942 to 3/17 1942 and that I last saw h[er] alive on 3/14 1942

Immediate cause of death Carcinoma of left ovary with metastasis to intestines and abdominal viscera. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/15/39

Major findings of operation: Hysterectomy on 7/15/39 - Carcinoma of left ovary

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged [illegible] [illegible]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Carroll M. D.

Address St. Agnes Hospital Date signed 3/17/42

F 90168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice E Hasnell

3 (b) If veteran, name war No
3 (c) Social Security Account No. 218-09-9967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1875

8. AGE: Years	Months	Days	If less than one day
66	7	13	hr. min.

9. Birthplace Balto - Md (town, county, and state)
10. Usual Occupation Worker
11. Industry or business N. C. A.

FATHER
12. Name E Hall Hasnell
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary C Rae
15. Birthplace Baltimore Md

16 (a) Informant Mary A Stephenson
(b) Address Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Cook
(b) Address 17 E Pratt St

19 (a) MAR 13 1942 (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942, at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to March 14 1942 and that I last saw her alive on March 12 1942.

Immediate cause of death Bronchi-pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterson M.D.
Address 2124 Pennsylvania Ave Date signed 3/14/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 1

F 90169 BALTIMORE CITY HEALTH DEPARTMENT F 90169

CERTIFICATE OF DEATH

46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Oriole Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Henry Weininger

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-03-7106

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise C. Weininger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 6th 1896

8. AGE: Years: 46 | Months: 2 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (town, county, and state)
10. Usual Occupation: Electrician
11. Industry or business: Riggs Dialer Co

FATHER
12. Name: Adam Weininger
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Annie Feem
15. Birthplace: Balto Md.

16 (a) Informant: Kathryn Sullivan
(b) Address: 922 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St.

MAR 15 1942 (d) Signature of Registrar: [illegible] for William [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1942 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1942 to 3/13 1942 and that I last saw him alive on 3/13 1942.

Immediate cause of death	Duration
Carcinoma of stomach	4 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Metastases to liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harold A. Gadt M. D.
Address: WB 9th Date signed: 3-13-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Please state the correct age in years. Physicians: please write the causes of death clearly and legibly.

VS 3

F 90170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. F 90170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 N. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 N. Chapel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. White

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Bessie White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1872

8. AGE: Years	Months	Days	If less than one day
69	11	28	hr. min.

9. Birthplace Balto. Md.
(Town, county and state)
10. Usual Occupation Dealer
11. Industry or business Produce

FATHER
12. Name Alexander White
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Baras
15. Birthplace Unknown

16 (a) Informant Ross White
(b) Address 1522 N. Chapel St

17 (a) Burial (b) Date thereof 3/16/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 15 1942 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1942 to 3-13 1942, and that I last saw him alive on 3-13 - 1942.

Immediate cause of death	Duration
1 Myocardial Insufficiency	
Secondary Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Whitefield L. Armstrong M. D.
Address 2159 Eastern Ave. Date signed 3-14-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90171

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Greenway Apt. 3 St. Paul & Charles 12 Ward 2

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Gertrude Smith Grahame

(a) Residence: No. Greenway Apts-3400 Charles Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Thomas J. Grahame

6. DATE OF BIRTH (month, day, year) May 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Dunkirk Md

FATHER

13. NAME Dr. John Smith

14. BIRTHPLACE (city or town) (State or country) Dunkirk Md

MOTHER

15. MAIDEN NAME Ruth E. Owens

16. BIRTHPLACE (city or town) (State or country) A A County Md

17. INFORMANT Mr. Berkeley Courtney

(Address) 70 Murray Hill Circle

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem. Balto Co. Md Date 3/16 19 42

19. UNDERTAKER Wm. J. Tschner & Sons

(Address) North & Gay Streets, Baltimore, Md.

20. MAR 15 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1941 to March 13 1942

I last saw h[illegible] alive on March 12 1942 Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Vascular Failure	3/19
Ivanition	3/6/42
Diabetes Mellitus	1937
Myocardial Fibrosis	

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Robert B. Mitchell Jr. M. D.

(Address) 704 Cathedral St Baltimore, Md.

V. S. 5

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Henry Mazie B Henry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Harvey E. Henry
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug 27 1896

8. AGE: Years	Months	Days	If less than one day
45	6	16	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Thomas Hunt
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Sarah Bosley
15. Birthplace Balto Co Md.

16 (a) Informant Harvey Henry
(b) Address Cockeysville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Hampstead, Md.

18 (a) Funeral director Landon & Meade
(b) Address Sparks, Md.

19 (Date received) MAR 15 1942 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 19 42 to Mar 15 19 42 and that I last saw her alive on March 15 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration 12 hrs
Due to: Hypertension — Essential
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. S. Hartz
Address University Hosp. Date signed 3/15

VS 3

F 90173 JH 16106 · BALTIMORE CITY HEALTH DEPARTMENT · CERTIFICATE OF DEATH · 107 · F 90173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home address (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Sheffield

3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Cecelia
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 7-6-1868

8. AGE: Years 73 | Months 8 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name James (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Armstron
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Baltimore Co
(b) Address 1207 E Lond St

19 (a) [illegible] (Director or Undertaker) (b) Frantington Williams M.D. Registrar

MAR 20 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1942 at 5-57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1940 to 3-14 1942
and that I last saw h[illegible] alive on 3-14 1942

Immediate cause of death: Bronchopneumonia — Duration: 7 days
Due to
Due to
Other Conditions Gen'l enteritis/chronic — 2

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt
Address Balto. City Hosp Date signed 3-15-42 M. D.

Please write clearly. Physicians: please write the causes of death clearly and legibly. Also correct age is especially important.

F 90174 F 90174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1942a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 741 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Folger

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Alice E Folger
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 19 1865
8. AGE: Years 76 | Months 8 | Days 26 | If less than one day: hr. min.
9. Birthplace Norfolk Va (town, county, and state)
10. Usual Occupation Salesman Retired
11. Industry or business

FATHER
12. Name Ellery E Folger
13. Birthplace Mathews County Va

MOTHER
14. Maiden Name Mary Reid
15. Birthplace Unknown

16 (a) Informant Edward E Folger
(b) Address 941 Poplar Grove St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Mathews & Co
(b) Address 1217 W Baltimore St (Name and Address)

MAR 16 1942 (b) Registrar
(Date received by Registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E Mitchell M.D.
Medical Examiner.
Date signed 3/15/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements are required by law. Be sure that your answer to each question is complete and correct age is especially important.

F 90175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1155 E 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter M. Hampson

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	1145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beatrice B Hampson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1872

8. AGE: Years	Months	Days	If less than one day
70	0	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business Sell

FATHER
12. Name Joseph Hampson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret L
15. Birthplace Baltimore Md

16 (a) Informant Mrs. D. A. Lange
(b) Address 1155 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilbur Cook
(b) Address 1217 E Lont St Baltimore, Md.

19 MAR 16 1942 (b) Huntington Williams, M.D. Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942; at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon; and from the evidence obtained by Autopsy or Inquiry, did find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 3-15-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 90176 BALTIMORE CITY HEALTH DEPARTMENT 154 F 90176

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby LeRoy O'Connor Jr (Birth F-45453)

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1942

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name LeRoy O'Connor
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Esther Shaw
15. Birthplace G-G County Md

16 (a) Informant Mrs Esther O'Connor
(b) Address 1514 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Coffey
(b) Address 1219 E Lexington St

19 MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 7 9. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1942 to March 15 1942 and that I last saw him alive on March 15 1942.

Immediate cause of death: Prematurity — Duration

Due to Born at 3,30 a m
Died 7 a. m. same day

Due to Membranes ruptured at 9 a m. March 14 — 7½ mo in utero

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. L. Zimmerman M. D.
Address 4958 Harford Rd Date signed 3/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 90177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 a

F 90177 Registered No.

Please write clearly. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 504 Oxford

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 504 Oxford (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Queen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Cold | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Fred. Queen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1871

8. AGE: Years 71 | Months — | Days — | If less than one day hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Unknown

16 (a) Informant Florence Thomas

(b) Address 520 St. Marys St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 16 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Co. Md

18 (a) Funeral director James A Hayes

(b) Address 1412 Wolfe St

19 (a) (b)

MAR 16 1942 Registrar

VS 3 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 13 1942, at PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 - 1942 to Mch 13 1942 and that I last saw h[illegible] alive on Mch 13 1942

Immediate cause of death Cerebral hemorrhage — Duration 1 day

Due to

Due to

Other Conditions Arteriosclerosis — Gangrene of foot

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. J. Keller M. D.

Address 232 W. Monument Date signed 3/15/42

F 90178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 90178

Please write clearly. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Orchard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucinda Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Widowed

6 (b) Name of husband or wife Harry Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1881

8. AGE: Years	Months	Days	If less than one day
60	4	27	hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Jacob Emory
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy Scott
15. Birthplace Md.

16 (a) Informant Lottie L. Taylor (Sister in law)
(b) Address 2233 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Johnson
(b) Address 1349 Druid Hill Ave Huntingtown Williamsport, Md.

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 12 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1941 to Mar. 12 1942 and that I last saw h alive on Mar. 12 1942

Immediate cause of death: Mitral Insufficiency — Duration 3 mos.
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions: Jaundice in arteriosclerosis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin B. LeCompte M. D.
Address 1113 N Caroline St Date signed 3/12/42

VS 3

F 90179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-7

F 90179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Ramona
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Ramona (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Albert Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1861

8. AGE: Years	Months	Days	If less than one day
80	3	5	hr. min.

9. Birthplace Baltimore (Town, county, or state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nicholas Rosea
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs John Baldwin
(b) Address 3402 Ramona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16/42 (month) (day) (year)
(c) Cemetery or crematory Loudn Park
Location Baltimore Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

19 MAR 16 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-12 1942 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 3-12 1942 and that I last saw her alive on 3-12 1942

Immediate cause of death Cardiac Failure — Duration 12 hrs
Due to Arteriosclerosis — Duration years
Due to Left Hemiplegia — Duration 3-9-42
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W L Fleming
Address 3025 Bolair Rd Date signed 3-13-42

F 90180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 108

F 90180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every detail. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Orlean Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lorinz Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1917

8. AGE: Years	Months	Days	If less than one day
24	2	15	hr. min.

9. Birthplace Ala. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel

FATHER
12. Name John Henderson
13. Birthplace Ala.

MOTHER
14. Maiden Name Rosa Lee Sutton
15. Birthplace Ala.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory
Location Chattanooga, Tenn

18 (a) Funeral director Percy B. Wilson
(b) Address Broad & Bayard

19 (a) (Date rec'd by registrar) MAR 16 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942, at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1942 to 3-11 1942 and that I last saw h[illegible] alive on 3-11 1942

Immediate cause of death: Lobar pneumonia — Duration 7 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-12-42

VS 8

F 90181 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90181 Registered No.

PENALTY WRITE LEGIBLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Millimn St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Booth 72394

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1920

8. AGE: Years	Months	Days	If less than one day
21	2	22	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Lucia Jones
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantly ave

19 (a) MAR 16 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 10 19 42 at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 19 42 to Mar. 10 19 42 and that I last saw her alive on Mar. 10 19 42.

Immediate cause of death

Pulmonary tuberculosis — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rataboum M. D.
Address Balto. City Hosp Date signed 3-11-42

VS 3

F 90182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90182 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Broadway & Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Middleton Sioussat

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Albert Sioussat

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1849

8. AGE: Years	Months	Days	If less than one day
92	9	20	hr. min.

9. Birthplace Georgetown, D.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Rev. George A. Leakin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna M. Miller
15. Birthplace D.C.

16 (a) Informant St. George L. Sioussat
(b) Address 1028 Conn. Ave. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1942 (month) (day) (year)
(c) Cemetery or crematory All Saints Cem
Location Reisterstown Md

18 (a) Funeral director H. Jenkins Son & Co.
(b) Address Oldest. McCulloh St

19 (a) MAR 18 1942 (b) Huntington Wilson Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1942, at 9 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941 to March 15, 1942, and that I last saw her alive on March 15 1942.

Immediate cause of death
Cardiac Failure
Pulmonary edema.
Due to Arterio sclerosis H.D.

Due to

Other Conditions
Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Chronic
3 yrs
? ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Lemmon, M.D.
Address Church Home & Inf. Date signed 3/16/42

F 90183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

Registered No. F 90183

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Fill all blanks. Physicians: please write the causes of death clearly and legibly. Give exact street address or location. Be sure that the information given in each item is correct and complete as possible. Data regarding parents may be required. Personal data furnished by informant. Medical certification by physician. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 747 E 30th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rigel

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Clarence Rigel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1902

8. AGE: Years	Months	Days	If less than one day
39	11	14	hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph F Bukmeier
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Houston
15. Birthplace Balto Md

16 (a) Informant Clarence Rigel
(b) Address 747 E 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cathedral Cem
Location Edmondson Avenue

18 (a) Funeral director Albert L Hill-V
(b) Address 1606 N Charles Street

19 MAR 16 1942 (Date rec'd by Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/ 1942, at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11/ 1941 to 3/14/ 1942
and that I last saw h alive on 3/14 1942

Immediate cause of death
Cardiac failure — Duration 8 mth 3 days

Due to mitral Stenosis

Due to Rheumatic heart d disease

Other Conditions Pulmonary infarction.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Tolmeson M. D.
Address 5 N Justison St Date signed 3-14-42

VS 1

F 90184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90184 Registered No. 129

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Mary Dinisio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1929

8. AGE: Years 12 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name Eugene Dinisio
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Clark
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Eugene Dinisio
(b) Address 1931 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemy
Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1922 Eastern Ave. Lying-in Hospital, Md.

MAR 16 1942
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 at 8 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to March 17 1942 and that I last saw her alive on March 17 1942.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to Pleurisy — Duration 2 hrs
Due to — Duration over
Other Conditions Suddenly expired at home
Pulmonary Embolism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Pulmonary Embolism
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Selmenson M. D.
Address 1 W. Saratoga St. Date signed 3-14-42

VS 3

F 90185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90185 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Answer every question, and if none, write none. Do not abbreviate. Do not use ditto marks. Be sure to give correct age in every case. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 minutes

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore,
(c) City or town Catonsville, (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amy S. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Wm. Smith Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1875

8. AGE: Years	Months	Days	If less than one day
67	--	29	hr. min.

9. Birthplace Catonsville, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Smith
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Mary Sunderland
15. Birthplace Howard Co. Md.

16 (a) Informant Miss. La May Smith
(b) Address 2 Bloomsbury Ave. Catons. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, MP

MAR 16 10 AM (Date received by local registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH March 14, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1942 to March 14 1942, and that I last saw her alive on March 14 1942

Immediate cause of death: Intoxication, Starvation - Vitamin - B. Deficiency

Due to Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation: No

of autopsy:

Duration: 1-3 Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Lloyd Johnson M. D.
Address 610 Frederick Road Date signed 3/15/42

VS 2

F 90186 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mar Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Dorchester Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Olivia Osborn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/1876

8. AGE: Years	Months	Days	If less than one day
65	6	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)
10. Usual Occupation Teacher in City Schools
11. Industry or business

FATHER
12. Name William B. Oram
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eleanora Wiskina
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Daisy Gilmore
(b) Address 512 Willow Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location 3801 Frederick Avenue

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 MAR 16 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942, at 10.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractures Skull	
Due to	
Due to	
Other Conditions Fractures and Contusions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: Fractured skull, hemorrhage, laceration of brain + pia
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/10
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-14-42 at 7.50 P M
(c) Where did injury occur Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by Street Car

23. Signature Howard J. Howard M.D. Medical Examiner.
Date signed 3-15-42

VS 6

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fill in any blank by a ditto mark. Make no erasures. Physicians: please write the causes of death clearly and legibly. Please correct age in especially important.

F 90187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90187 !

Registered No.

PLEASE WRITE PLAINLY with pen or pencil. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Pearl St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Francis Whitty

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-01-7562

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1894

8. AGE: Years 47 | Months 11 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Nicholas Whitty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Carrigan
15. Birthplace Ireland

16 (a) Informant Mrs. Theresa Buxton
(b) Address 2613 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17/42 (month) (day) (year)
(c) Cemetery or crematory St Charles
Location Pikesville, Md

18 (a) Funeral director Henry W Lukies Funeral Home
(b) Address McCulloh & Orleans Sts

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942, at 11:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 3-15-42

VS 6

F 90188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Kent Narrows (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Thomas Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1941

8. AGE: Years | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas Jones
13. Birthplace Va.

MOTHER 14. Maiden Name Ida Sullivan
15. Birthplace Md.

16 (a) Informant Ida Jones
(b) Address Kent Narrows, Kent Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 17-42 (month) (day) (year)
(c) Cemetery or crematory Kent Narrows
Location Kent Co. Md

18 (a) Funeral director Jamieson Days
(b) Address Box 2 Queenstown Md

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th 1942, at 9:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Empyema — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William T. Hood M.D. Medical Examiner
Date signed 3/15/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

V8 6

F 90189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 90189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 Register St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Register (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin A. Mertel

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Wh	Married

6 (b) Name of husband or wife Helen [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1912

8. AGE: Years	Months	Days	If less than one day
29	5	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name J. Michael Mertel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary C. Lynch
15. Birthplace Baltimore, Md.

16 (a) Informant Helen Mertel
(b) Address 115 S. Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director W. W. E. Dippel & Sons
(b) Address Lombard & Ann Sts.

19 Date MAR 16 1942 by Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to Mar. 14 1942 and that I last saw him alive on Mar. 14 1942.

Immediate cause of death Tuberculosis - Pulmonary — Duration 10 years.
Due to
Due to
Other Conditions Tuberculosis - Laryngeal.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Leinen, M.D.
Address 14 S. Broadway Date signed 3/14/42

F 90190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 90190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Please see that your answer to each question is full and complete. Do not use abbreviations. If unknown, write "unknown." If the deceased was married, widowed, or divorced, the name of husband or wife should be given in question 6 (b). Please see that the information is entered in the proper space. Do not write in the wrong space. Be sure that you have answered all questions. Please see that your answer to each question is legible and correct. Ditto marks are not acceptable. Physicians: please write the causes of death clearly and legibly. Please see that the age is entered in question 8 if at all possible. This is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Garrison Hubert 71130

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1859

8. AGE: Years	Months	Days	If less than one day
83?			hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Garrison
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Marshall
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Presstman

MAR 16 1942 (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 13 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to Mar. 13 1942, and that I last saw h im alive on Mar. 13 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 8 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Ratchford M.D.
Address Balt. City Hosp Date signed 3-14-42

F 90191 JN 72447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in space provided for each item. Do not leave any space blank. If information is not known, so state. Be sure to answer each question. Be sure to give full name of deceased and correct age in each case. Be sure to give cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Chestnut Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Burke

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
?	219-01-0614	Male	White	Married

6 (b) Name of husband or wife Liza
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ? ? 1882 ?

8. AGE: Years	Months	Days	If less than one day
60	?	?	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampstead
18 (a) Funeral director Cunnyngham & Donovan
(b) Address 346 E. Chesapeake

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1942, at 3 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942 to 3-15 1942 and that I last saw h[illegible] alive on 3-15 1942

Immediate cause of death Pulmonary tuberculosis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp. Date signed 3-15-42

F 90192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/86

F 90192 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If unknown, state so. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 W. 36th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERTA BURRIER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George A. Burrier

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12, 1859

8. AGE: Years 82 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Joseph R. Burrier
(b) Address 1910 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Clements L. Donovan
(b) MAR 16 1942 Catonsville, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942 at 11 45 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to: Fracture of right femur

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Mar 1st, 1942 — M
(c) Where did injury occur? City Hospital Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury slipped & fell to floor

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-16-42

VS 6

F 90193 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90193

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 W. Hamburg St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Martha Jane Griffin

(a) Residence: No. 750 W Hamburg St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Griffin

6. DATE OF BIRTH (month, day, year) March 6-1856

7. AGE — Years 86 — Months 0 — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jas L Martin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Stanley C. Griffin

(Address) 750 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 3/18/42

19. UNDERTAKER Geo H Kemptner

(Address) 536 N Eutaw St

REC'D MAR 16 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1942 to Mar 15 1942

I last saw her alive on March 4 1942 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Adenoma	1 year
Intestinal Obstruction	1 yr

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley C. Griffin M. D.

(Address) 729 Woodbourne Ave.

V. S. — Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 90194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp
(c) Hospital or institution: BALTIMORE
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 6970

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town ELLICOTT CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. FRAN. FATHERS MOTH (If rural give location)
Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Bro John FIGLEWSKI
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced SINGLE
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) FEB 17 - 1872
8. AGE: Years 70 Months — Days 26 If less than one day hr. — min.
9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation TEACHER
11. Industry or business —
FATHER 12. Name WALTER FIGLEWSKI
FATHER 13. Birthplace POLAND
MOTHER 14. Maiden Name Josephine Jankowska
MOTHER 15. Birthplace POLAND
16 (a) Informant FATHER ALPHONSE
16 (b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
17 (c) Cemetery or crematory Buffalo N.Y. Location
18 (a) Funeral director George A Weber
18 (b) Address 706 E Lexington St Huntington Williams Hdw
19 (a) (Date rec'd by registrar) (b) Registrar

MAR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/1942 at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30/42 19 42 to 3/14/1942, and that I last saw h. alive on 3/14 19 42

Immediate cause of death UREMIA — Duration —
Due to CARCINOMA of STOMACH — Duration —
Due to — Duration —
Other Conditions — Duration —
(Include pregnancy within 3 months of death)
Date of operation 1/30/42
Major findings of operation MECHANICAL OBSTRUCTION
of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Delaney M.D.
Address Mercy Hosp Date signed 3/14/42

F 90195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 90195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave.

(c) Hospital or institution: Edgewood Nursing Home.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1525 E. 28th. St. (If rural give location)

Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph W. Kendall.

3 (b) If veteran, name war ****

3 (c) Social Security Account No. 218-07-9422

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife ****** Jamie H. Kendall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1871

8. AGE: Years	Months	Days	If less than one day
70	10	14	hr. min.

9. Birthplace Rockhall Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Kitchen Ranges

FATHER 12. Name Joseph W. Kendall

13. Birthplace Md.

MOTHER 14. Maiden Name Anna Benton

15. Birthplace Md.

16 (a) Informant Mr. Joseph H. Kendall.

(b) Address 2707 Overland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16. 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave. Parkville.

18 (a) Funeral director John A. Moran

(b) Address 4201 Greemount Ave.

19 MAR 16 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14. 1942, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to March 14 1942 and that I last saw him alive on March 13 1942.

Immediate cause of death	Duration
Bronchopneumonia	8 days
Nephritis chronic interstitial	
Due to Myocardiosclerosis	8 days
Due to Chronic Interstitial Nephritis	8 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 20

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.

Address 2818 Harford Rd Date signed 3-15-42

VS 8

F 90196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 Booth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Violet Thornton 72336

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1890

8. AGE: Years	Months	Days	If less than one day
51	6	9	hr. min.

9. Birthplace District of Columbia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William
13. Birthplace N.C.

MOTHER
14. Maiden Name Annie Jones
15. Birthplace District of Columbia

16 (a) Informant Hospital records
(b) Address 4949 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (Registrar's signature) Huntington Williams M.D.
MAR 16 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 8 1942, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 7 1942 to Mar. 8 1942, and that I last saw her alive on Mar. 8 1942

Immediate cause of death: Pulmonary tuberculosis — Duration 12 ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlings M. D.
Address Balto City Hosp Date signed 3-16-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct. Items 1 to 19 are required by law; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 30197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-B

F 30197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat 35-4-27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Augusta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Gertrude Foerstler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1879

8. AGE: Years	Months	Days	If less than one day
62	4	21	16 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Foerstler
13. Birthplace Germany

MOTHER
14. Maiden Name Angela Hellinger
15. Birthplace Baltimore

16 (a) Informant Jennie M. Foerstler
(b) Address 1031 1030 Augusta St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 18-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Oberle & Son
(b) Address 1301 E. Eager St.

19 MAR 16 1942 (b) Huntington Williams M.D.
(Date registered) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1942, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1942 to Mar. 15 1942, and that I last saw had alive on Mar. 15 1942.

Immediate cause of death Terminal Pneumonia (Chronic Passive Congestion) 1 day

Due to Cardio Vascular Collapse & Arterio Sclerosis 2 weeks

Due to

Other Conditions Dementia Praecox 37 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewey F. Glaser M. D.
Address 336 Fredonia Ave. Date signed

VS 3

F 90198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90198 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Deceased

6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1888

8. AGE: Years 53 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Lena Johnson

(b) Address 3028 Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A.A. County Md.

18 (a) Funeral director Mrs. R.A. Elliott & Daughter

(b) Address 1129 N. Caroline Street

MAR 16 1942 (Date rec'd by registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1942 at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Mar 13 1942 and that I last saw him alive on Mar 12 1942

Immediate cause of death Acute Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. J. Allen M.D.

Address 121 Eager St Date signed 3-14-42

VS 8

F 90199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90199 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella S. Dowell

3 (b) If veteran, name war: W
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1881

8. AGE: Years	Months	Days	If less than one day
61	0	23	hr. min.

9. Birthplace Worcester (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Richard Stera
13. Birthplace Md.

MOTHER
14. Maiden Name Sophronia Blackeby
15. Birthplace Benjamin Va.

16 (a) Informant E. Dowell
(b) Address 943 W. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Westera
Location Balto Md.

18 (a) Funeral director William Bork
(b) Address 12 St Paul St

19 MAR 16 1942 (Date rec'd by Local Registrar) Huntington Williams (Signature of Local Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 1-10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 3/14/42 (coroner)

F 90200

BALTIMORE CITY HEALTH DEPARTMENT 46-B Registered No. F 90200

JN 71450

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gertrude
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): June 1, 1880

8. AGE: Years 61 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: William Johnson (d)
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Martha Nicholas (d)
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 18 42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: Brooklyn A.A. Co. Md

18 (a) Funeral director: Mrs. Ida Bailey
(b) Address: 1424 Jefferson St

(a) Date received by Registrar: MAR 16 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1942 at 5 N M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27-42 to 3-14 1942, and that I last saw him alive on 3-13 1942

Immediate cause of death: Carcinoma of Stomach — 2 mos — Duration: ?
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. L. Rigdon M. D.
Address: BCH Date signed 3-N-42

F 90201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Edmondson Ave.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 E. 31st. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Enoch Frank Greene

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Hughes Greene
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) Dec 6 - 1862

8. AGE: Years	Months	Days	If less than one day
79		8	hr. min.

9. Birthplace Greenville Md (Town, county, and state)
10. Usual Occupation Traveling Salesman
11. Industry or business

FATHER
12. Name William Greene
13. Birthplace Saint Inigoes

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Saint Inigoes

16 (a) Informant Anna Hughes Greene
(b) Address 315 E 31st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1942 (Month, day, year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Road

18 (a) Funeral director Hall & Fraser Funeral Home
(b) Address 118 W. Mt. Royal Ave

19 MAR 16 1942 (Date received by registrar) Huntington Hilliard, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14 1942, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941, to 3/14 1942 and that I last saw her alive on 3/12 1942

Immediate cause of death	Duration
Cardiac Failure	
Due to Degenerative C.V.D	
Due to	
Other Conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. O'Connor
Address St Agnes Hosp Date signed 3/16/42 M.D.

VS 3

F 90202 WRZASK ✓ F 90202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. Any item unknown or not applicable should be stated as such. Do not abbreviate. Use black ink. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Give the exact place of death and the full name of the deceased. If in a hospital or institution, do not give the name of the ward or room. Give the usual residence of the deceased, whether or not temporarily residing at the place of death. If a married woman, write her own given name. If a child, state whether white, colored, Indian, Chinese, etc. If born in the United States, give the name of the State or Territory; if in a foreign country, give the name of the country. If a citizen of a foreign country, give the name of the country. If a resident of Baltimore, give the number of years, months, and days in Baltimore and in the United States. If less than one day, give the hours or minutes. If the deceased was married, widowed, or divorced, give the name of the husband or wife. If a child, give the name of the father or mother. The date of birth must be stated in figures. The age must be given in years, months, and days. If less than one day, give the hours or minutes. The occupation should be that which the deceased followed for the greater part of his working life, even though he may have been employed at some other occupation at the time of death. The cause of death must be stated in accordance with the International List of Diseases, Injuries, and Causes of Death. Violent deaths must be reported to the Coroner.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 7 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 S. Chester (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME John Wrzask

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-5580

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 1908

8. AGE: Years 33 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Poland (town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name FRANK WRZASK
13. Birthplace Poland

MOTHER
14. Maiden Name ANNA Kacala
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester Street

19 (Date received by local registrar) MAR 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-14 1942 at 905 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 14 1942 to MAR 14 1942 and that I last saw him alive on MAR 14 1942.

Immediate cause of death: Pneumonia, Lobar — Duration: 16 days
Due to
Due to
Other Conditions Obesity
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey A Dale M. D.
Address Johns Hopkins Hosp. Date signed 3/14/42

VS 3

F 90203 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

Registered No. F 90203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Brighton (If outside city or town limits, write RURAL and give town)
(d) Street No. 6465 Fairmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Cooney. Joseph Patrick Cooney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1869

8. AGE: Years	Months	Days	If less than one day
72	7	20	hr. min.

9. Birthplace Maryland, Ellicott City (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name William M. Cooney
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Margaret Hendricks
15. Birthplace ----- Ireland

16 (a) Informant Mrs. Dulaney C. Higinbotham
(b) Address 57 Broadway, Belair, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director A. W. Mause & Son
(b) Address 805 North Calvert Street

19 MAR 16 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1942, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1942 to Feb 16 1942 and that I last saw h-- alive on Feb 16 1942.

Immediate cause of death Bilateral lobar pneumonia - post operative

Due to

Due to

Other Conditions Generalized Arteriosclerosis Chronic Bronchitis Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy: Dr. Hitzrot

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Mause M. D.
Address St. Agnes Hosp. Date signed 3/15/42

VS 2

F 90204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Watts

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Colored	widow

6 (b) Name of husband or wife David Watts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1866

8. AGE: Years	Months	Days	If less than one day
75	3	14	hr. min.

9. Birthplace A. A. Co. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathaniel Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Davis
15. Birthplace Md.

16 (a) Informant Francis Johnson
(b) Address 626 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ft. Ave.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 MAR 16 1942 (b) Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 1908 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to March 16 1942 and that I last saw h[illegible] alive on March 16 1942.

Immediate cause of death: Acute Bronchitis

Duration 3 days

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Martell M. D.
Address 861 Park Ave Date signed 3/16/42

VS 1

F 90205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 A

F 90205

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write "None" where necessary. Do not use ditto marks. Be sure to answer each question. Give exact street address or location. Be sure that the statement of cause of death is definite and complete. Do not abbreviate. Do not use terms of indefinite meaning. Give correct age in years. If child is under one year, give age in months. If under one month, give age in days. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4534 Perkio Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 39

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4534 Perkio Rd (If rural give location)

Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Harry Burmaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Ret Tailor

11. Industry or business

FATHER 12. Name Passe Burmaster

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Anna Uram

(b) Address 4534 Perkio Rd

17 (a) Removal (b) Date thereof 3/16/42 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Har Nebo Cem. Phila Pa

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E Balto St

19 (a) MAR 16 1942 (b) Huntington Md (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16/42 19 , at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1942 to 3/16/42 19 , and that I last saw h alive on 3/13/42 19 .

Immediate cause of death Acute Coronary Thrombosis — Duration 24 hrs

Due to Arteriosclerosis

Due to

Other Conditions Chr. coronary arteriosclerosis — 5-6 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ernest M Brush

Address 2904 Reisterstown Rd Date signed 3/16/42

VS 3

F 90206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 S. Dilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Dilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME Charles Nicolas Eitze

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1862

8. AGE: Years	Months	Days	If less than one day
80	0	13	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Baggage Man Railroad
11. Industry or business Railroad

FATHER
12. Name Jacob Eitze
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Weisel
15. Birthplace Germany

16 (a) Informant Frank C Berg
(b) Address 1035 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Woodbine Ave

18 (a) Funeral director Woodbrook Funeral Home
(b) Address 414 N. Franklin Continued

19 MAR 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to March 14 1942
and that I last saw h— alive on March 14, 1942.

Immediate cause of death
Uremia
Due to Arteriosclerosis
Due to enlarged prostate

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
8 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Goss M. D.
Address 926 Walbrook Ave Date signed 3/16/42

VS 3

F 90207

F 90207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-K Registered No. F 90207

PLEASE WRITE PLAINLY, with unfading ink. Spell out full name and address or location. Do not use abbreviations. Do not leave blanks. If unknown or not applicable, write "unknown" or "N. A." Physicians: please write the causes of death clearly and legibly. Please report immediately any inaccuracy or omission in this certificate. Please answer all questions. Please write in ink. Please sign your name as you usually write it. Please write the correct age at death. Please write the correct age at last birthday. Please write the correct age at last birthday in years, months, and days. Please write the correct age at last birthday in years, months, and days if less than one year. Please write the correct age at last birthday in years, months, and days if less than one day. Please write the correct age at last birthday in years, months, and days if less than one day. Please write the correct age at last birthday in years, months, and days if less than one day

90208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered 90208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Otis Stanford Rosemeg 70983

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1901

8. AGE: Years	Months	Days	If less than one day
40	6	28	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation crane operator

11. Industry or business

FATHER
12. Name Robert
13. Birthplace D.C.

MOTHER
14. Maiden Name Mary Duvall
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAR 16 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1942, at 8:25P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942, to Mar. 5 1942, and that I last saw him alive on Mar. 5 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-6-42

VS 3

8029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90209 JN 47240 93 D Registered No. F 90209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 N. Carrollton Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Albert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 24, 1881
8. AGE: Years 60 | Months 10 | Days 14 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Day work
11. Industry or business

FATHER
12. Name John Temple
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Coates
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 14 1942
Commissioner of Health

18 (a) Funeral director
(b) MAR 16 1942 per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-8 1942 at 12 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 3-8 1942, and that I last saw h[illegible] alive on 3-8 1942.

Immediate cause of death Bronchopneumonia — Duration ?
Due to
Due to
Other Conditions Hypertension C.V. disease — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun
Address Balto. City Hosp. Date signed 3-13-42 M. D.

VS 3

8028

30210 JN 70185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. 30210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Low St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Laura Smith

3 (b) If veteran, name war no

3 (c) Social Security Account No.

4. Sex female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1851

8. AGE: Years 91 | Months ? | Days ? | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation On relief

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL MAR 14 1942

18 (a) Funeral director Commissioner of Health
(b) MAR 16 1942 per M. A. Moore

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. 8027

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-5 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1941 to 3-5 1942 and that I last saw h[illegible] alive on 3-5 1942

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions Fem. I. intramedullary — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Kallhoun

Address Balto. City Hosp Date signed 3-13-42 M.D.

VS 3

90211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-~ Registered No. F 90211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 So. Ohara St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Campbell Birth F-45508
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day: hr. 1 min.
9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert
13. Birthplace

MOTHER
14. Maiden Name Maggie Farro
15. Birthplace Constance DeFina

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 MAR 16 1942 (Date rec'd by registrar) (c) Huntington Williams, M.D.

VS 2

8026

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 1942, at 4:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942, to 3-10 1942, and that I last saw h[illegible] alive on 3/10 1942

Immediate cause of death: Intra cranial hemorrhage — Duration: 10 Min.
Due to: Operative delivery
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Duncan
Address St Agnes Hosp Date signed 3/16/42 M. D.

90212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 90212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Govyn. Oak
(d) Street No. 7900 Liberty Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Benedict (Birth F-45645)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

(c) If alive, give age years

7. Birth date (mo., day, yr.) 3-13-42

8. AGE: Years	Months	Days	If less than one day
			11 hr. min.

9. Birthplace University of Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lewis Edwardo Benedict
13. Birthplace Lima New York

MOTHER
14. Maiden Name Eva Lorella Jackson
15. Birthplace South Carolina

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAR 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 MAR 16 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1942, to Mar 13 1942, and that I last saw h alive on 3-13-1942

Immediate cause of death

Atelectasis

Due to Prematurity (26 weeks)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Lenn

Address University Date signed 3-13

8025

VS 3

F 90212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 90239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Stanton Ave (If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Sanders (Birth F. 45639)
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Flora
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-13-42
8. AGE: Years Months Days If less than one day 7 hr. min.
9. Birthplace University of Maryland (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roy Gilmore Sanders
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Pauline Elizabeth Brown
15. Birthplace Baltimore, Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Myers

19 MAR 16 1942 (Date rec'd by registrar) (b) Filed by Williams M.D.

MEDICAL CERTIFICATION 3/13/42

20. DATE OF DEATH 3-12 1942, at 12 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942 to 3-13 1942 and that I last saw him alive on 3-13 1942

Immediate cause of death
Atelectasis
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller, M. D.
Address Univ. Hosp. Date signed

VS 8

8024

F 90214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 90214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephens Zaworski

3 (b) If veteran, name war –
(c) Social Security Account No. 216-03-8774

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov. 11, 1874
8. AGE: Years 67 | Months 4 | Days 3 | If less than one day: hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Iron Moulder
11. Industry or business

FATHER
12. Name: George Zaworski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Miss Eva Zaworski
(b) Address: 1913 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: German Hill Road

18 (a) Funeral director: M. F. Sadowski Sons
(b) Address: 1808 Eastern Avenue

19 MAR 16 1942 (Date received) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942, at 11 Hrs. A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple Fractures

Duration:

Due to: Lacerations abrasions & bruises

Other Conditions: Broncho-pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-8-42 at 9 P.M.
(c) Where did injury occur? Baltimore Md. Baltimore Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by automobile
23. Signature Howard J. Mead M.D. Medical Examiner.
Date signed 3-15-42

VS 6

F 90215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 90215 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6921 Beech Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Lance

3 (b) If veteran, name war (c) Social Security Account No. 212-05-3053

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1902

8. AGE: Years	Months	Days	If less than one day
39	7	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerical
11. Industry or business Gas & Elec. Co.

FATHER
12. Name Wm. T. Lance
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Frances C. Eberle
15. Birthplace Balto., Md.

16 (a) Informant Mr. W. T. Lance
(b) Address 6921 Beech Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director Rossdale Funeral Home
(b) Address 7401 Belair Road

19 MAR 16 1942 (b) Huntington Williams, M.D. (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14 1942, at 9:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942, to 3/14 1942
and that I last saw h alive on 3/14 1942

Immediate cause of death: Shock - due to Peripheral Vascular Collapse — Duration: 36 hrs
Due to: Delirium Tremens
Due to:
Other Conditions: Coronary occlusion - pneumonia. Hypertensive cvd.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Livingston M. D.
Address St Joseph's Hospital Date signed 3/14/42

VS 2

F 90216 72454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 St. Barnabas Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Outlaw

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Lucenie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ?, 1896

8. AGE: Years	Months	Days	If less than one day
45	3	?	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Cadvary Cem
Location A. A. County Md.

18 (a) Funeral director Wilfred A. Jenkins
(b) Address 916 Penna Ave

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 16 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1942, at 12 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942 to 3-13 1942, and that I last saw him alive on 3-13 1942

Immediate cause of death	Duration
Pneumococci meningitis	3 days
Due to Lobar pneumonia	?
Due to	
Other Conditions	none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp Date signed 3-17-42

F 90217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 90217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Rose Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D's
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Pinewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James M. O'Neill

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 212-05-4104

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced?
Male	White	Married

6 (b) Name of husband or wife: Regina
6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Nov. 10, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	4	4		

9. Birthplace: City (Town, county, and state)
10. Usual Occupation
11. Industry or Business: Gas & Electric Co.

FATHER
12. Name: James M. O'Neill
13. Birthplace: Balto. City

MOTHER
14. Maiden Name: Eleanor V. Ritta
15. Birthplace: Balto. City

16 (a) Informant: Regina O'Neill
(b) Address: 3031 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/18/42 (month) (day) (year)
(c) Cemetery or crematory: Mantchal Cem.
Location: Frederick Rd.

18 (a) Funeral director: John A. Mahon
(b) Address: 42nd & Grantmont

19 (a) MAR 16 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion

Duration

Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. B. Candler M.D.
Medical Examiner.
Date signed 3/14/42

VS 6

F 90218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 Homewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Homewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susanna L. Hopkins.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Daniel R. Hopkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1853

8. AGE: Years	Months	Days	If less than one day
88	5	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John T. Feehan
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha E. Broome
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Loretta Sheehan.
(b) Address 1301 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John F. Moran
(b) Address 3000 E. Baltimore St.

19 MAR 16 1942 (b) [illegible] Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13. 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 19 42 to March 13 19 42, and that I last saw h[illegible] alive on March 13 19 42

Immediate cause of death: Chronic myocarditis

Duration

Due to

Due to

Other Conditions Acute bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Schmitt M. D.

Address 701 N. Howard Ave Date signed 3/16/42

VS 3

F 90219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90219 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th ST.
(c) Hospital or institution:
Home for Incurables -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 hrs -
(e) Length of stay in Baltimore (yrs., mos., or days) Life -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Balto. Md - (If outside city or town limits, write RURAL and give town)
(d) Street No. Mizner Hotel (If rural give location)
(e) Citizen of foreign country? No - (Yes or No)
If yes, name country

3 (a) FULL NAME Bachler, Mr William Jacob

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single -

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1868 -

8. AGE: Years	Months	Days	If less than one day
73	8	7	hr. min.

9. Birthplace Maryland, Balto - (Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business

FATHER
12. Name Wilhelm Bachler
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine White
15. Birthplace Germany

16 (a) Informant Mr. E. Wharton
(b) Address 700 W. 40th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Leland E. Post
Address 2234 N. Charles St

19 (a) MAR 16 1942 (Date received by Registrar) (b) Huntington Williams M.D.
MAR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1942 to March 15 1942, and that I last saw him alive on March 15 1942.

Immediate cause of death: Arteriosclerotic Cardio Vascular Disease with Acute Coronary Myocardial Infarction — Duration: Several years / 1 day

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Connolly M.D.
Address 11 E. Chase St Baltimore MD. Date signed 3-15-42

90220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. F 90220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1650 Bert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1650 Bert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nate E. Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Wm. E. Harris
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 4/4/1866

8. AGE: Years	Months	Days	If less than one day
75	11	10	hr. min.

9. Birthplace Frederick Co. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business Home

FATHER
12. Name —
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace Md.

16 (a) Informant Wm. Wm. E. Harris
(b) Address 1650 Bert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Windsor Mill Rd.

18 (a) Funeral director J. J. McCully
(b) Address 130 E. Fort Ave.

19 Filed MAR 16 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1941 to March 14 1942 and that I last saw h alive on Nov 13 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs
Due to Arteriosclerosis of Heart	16 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address 1650 Bert St. Date signed 3/16/42

90221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 90221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2513 W/Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophie H. Braun

3 (b) If veteran, name war: No.

3 (c) Social Security Account No.: None.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Paul R. Braun

6 (c) If alive, give age: D. years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1865

8. AGE: Years 76 | Months 3 | Days 21?? | If less than one day: ********** min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: August Braun
13. Birthplace: Germany

MOTHER
14. Maiden Name: Doris Bergman
15. Birthplace: Germany

16 (a) Informant: George Braun (son)
(b) Address: 2513 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: H. B. Herbert & Son
(b) Address: 1300 EUTAW PLACE

MAR 16 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13/42 19 , at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942 to 3/13 1942, and that I last saw her alive on 3/13 19 42.

Immediate cause of death: Acute circulatory collapse
Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy: None.

Duration: 10 dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Damian P. Alegia M. D.
Address: 336 Frederick Ave. Date signed: 3/15/42

F 90222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127-a

Registered No. F 90222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4330 Parkside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL F. HUGHES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara M. Recktenwald
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1875

8. AGE: Years	Months	Days	If less than one day
66	6	15 17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name David Hughes
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Williamson
15. Birthplace Baltimore Md.

16 (a) Informant Clara M. Hughes
(b) Address 4330 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway.

19 (a) Date received MAR 16 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942, at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to March 13 1942, and that I last saw h.i.m. alive on March 13 1942.

Immediate cause of death	Duration
Peritonitis	
Due to Obstruction	
Due to Acute Cholecystitis	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation March 12, 1942
Major findings of operation: Acute Cholecystitis & Peritonitis
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Sapik M. D.
Address St Joseph Hosp Date signed 3/13/42

VS 8

90223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. P 90223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Age is especially important.

LARGE SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Homestead St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Catherine Whitby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Edward Whitby
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) January 10 1881

8. AGE: Years	Months	Days	If less than one day
61	2	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lowe
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Dudrow
15. Birthplace Baltimore Md.

16 (a) Informant Mrs George Zirkler Sister
(b) Address 623 Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42. (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 MAR 16 1942 (Date received by Registrar) (b) Huntingtown Md. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1942 to March 14 1942, and that I last saw h[illegible] alive on March 14 1942.

Immediate cause of death: Acute Pulmonary Edema — Duration: 3 days
Due to: Chronic Cardiac Failure — 2 months (?)
Due to: Arteriosclerotic Heart Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Luther Jr. M. D.
Address Church Home & Infirmary Date signed 3-18-42

VS 8

90224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 90224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 N. Gay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Gay st.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Rhea

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie M. Thiess
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1866

8. AGE: Years	Months	Days	If less than one day
76	1	14	hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name William J. Rhea
13. Birthplace Dorchester CO. Md.

MOTHER
14. Maiden Name Martha Spedden
15. Birthplace Dorchester Co. Md.

16 (a) Informant Annie M. Rhea
(b) Address 1611 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) MAR 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1941 to March 14 1942 and that I last saw [illegible] alive on March 13 1942

Immediate cause of death
(a) Pneumonia
Due to
(b) Arterio Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 wk
Yrs

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Gray —
Address 64 W. Mt. St. Date signed 3/16/42

VS 3

F 90225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93D F 90225

Reg. Dist. No.

1. PLACE OF DEATH: 903 E 30th St
County
City or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 903 East 30th St
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME Jeanie Cecelia Frye

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Loy K. Frye
6.(c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) Oct. 7, 1909

8. AGE: Years	Months	Days	If less than one day
32	5	9	hrs. min.

9. Birthplace Maryland. (town, county, and state)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Henry N. Evans
13. Birthplace Md.

MOTHER
14. Maiden name Minnie Airy
15. Birthplace Md.

16. Informant Loy K. Frye
Address 903 East 30th St Balto. Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Mar. 19 1942 (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick

18. Funeral director C. H. Fretz & Bro
Address Brunswick Md.

MAR 17 1942
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1942, at 8.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16, 1942, to March 16, 1942 and that I last saw her alive on March 16, 1942

Immediate cause of death: Acute Cardiac Dilatation — DURATION: Immediate

Due to: Unknown — DURATION: Over

Due to:

Other conditions: None.

(Include pregnancy within 3 months of death)

Major findings of operations: None — Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank N. Ogden, M.D. M. D. or other
Address 2701 N. Calvert St. Date signed Mar. 16, 42

Ref 9573 20'c

F 90226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 90226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N Bentalou
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hallie V. Grahe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John A Grahe
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) June 13, 1875

8. AGE: Years	Months	Days	If less than one day
66	9	1	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Wm Keeyer
13. Birthplace Pa

MOTHER
14. Maiden Name Dorothea Knox
15. Birthplace Pa

16 (a) Informant John A Grahe
(b) Address 633 N Bentalou St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Md

18 (a) Funeral director John Ulrich
(b) Address 2005 Arlington Ave

19 MAR 17 1942 (Date received by Registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to March 14 1942, and that I last saw her alive on March 14 1942.

Immediate cause of death	Duration
Carcinoma of Liver	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel J. Schwartz M. D.
Address 301 Harlem Ave Date signed 3/14/42

VS 3

Fil 7707

F 90227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90227 Registered No. 83-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Catherine Phillips

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of husband: Uriah Christopher Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th 1863

8. AGE: Years 78 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace Pocomoke City Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James White Hayman
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Elizabeth Parker
15. Birthplace Baltimore

16 (a) Informant Mrs Hugh Downing
(b) Address 2912 London Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 17 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15th 1942, at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1942 to Mar. 15, 1942, and that I last saw her alive on Mar. 14, 1942.

Immediate cause of death: Cerebral Hemorrhage. — Duration: 4 days
Due to: Hypertension — ?
Due to: ~
Other Conditions: ~
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: ~
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence: ~ at ~ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: ~

23. Signature: Frank N. Ogden. M. D.
Address 2701 N. Calvert St. Date signed Mar. 16, 42

VS 3

F 90228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Wilmslow Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Ecker Ebaugh

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Effie
6 (c) If married, give age years

7. Birth date of deceased (mo., day, yr.) 3-12-1866

8. AGE: Years 76 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name William H. Ebaugh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Ecker
15. Birthplace Carroll County, Md.

16 (a) Informant Effie Ebaugh
(b) Address 4600 Wilmslow Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
Baltimore Co

18 (a) Funeral director Whitman Co
(b) Address 1217 N Carol St

19 MAR 17 1942 (Date rec'd by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942 at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1942 to 3-13 1942 and that I last saw him alive on 3-13 1942

Immediate cause of death: Coronary Thrombosis (?) — Duration: ?
Due to: Arteriosclerotic cardio-vascular disease
Due to:
Other Conditions: Benign Prostatic hypertrophy (Exclude pregnancy within 3 months of death) — 6 mos. ?
Date of operation none
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Lusby M.D.
Address Md. Gen. Hosp. Date signed 3/13/42

VS 3

~~F 90229~~ 1331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-a

F 90229 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6224 Fairdel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6224 Fairdel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. DeBuey

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	married

6 (b) Name of husband or wife Ernest G. DeBuey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1892

8. AGE: Years	Months	Days	If less than one day
50	1	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER — 12. Name	Thomas J. Mooney
FATHER — 13. Birthplace	Va
MOTHER — 14. Maiden Name	? Finn
MOTHER — 15. Birthplace	Baltimore

16 (a) Informant Ernest G. DeBuey
(b) Address 6224 Fairdel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 17 - 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W. Jenings
(b) Address 440 E. North Ave.

19 (a) MAR 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1942 at 9 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1942 to March 14, 1942, and that I last saw her alive on March 13, 1942.

Immediate cause of death: Carcinoma of Cervix Uteri — Duration 2 yrs

Due to

Due to

Other Conditions Metastatic Carcinoma of Liver

(Include pregnancy within 3 months of death)

Date of operation Feb. 6, 1942

Major findings of operation: Ca of Cervix

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett W. Mc[illegible]
Address 1331 Northfield Date signed 3-16-42

VS 8

F 90230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 90230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Newington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Newington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 2, 1901

8. AGE: Years	Months	Days	If less than one day
41	2	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman Self

FATHER
12. Name Edward Meyer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Baltimore

16 (a) Informant Ethel Meyer
(b) Address 714 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Harrison Rhinehart
Location Boulevard Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAR 17 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1942 at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1939 to 3/15 1942 and that I last saw him alive on 3/10 1942

Immediate cause of death: Coronary occlusion of arteriosclerotic heart — Duration 3 yrs

Due to

Due to

Other Conditions Arteriosclerosis 4 yrs

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Hearn, M.D.
Address 770 Hamilton Blvd

VS 8

F 90231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 90231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John F. Smith (Birth F-40443)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 6-1941

8. AGE: Years	Months	Days	If less than one day
	2	21	____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Bernard Smith
13. Birthplace Md

MOTHER 14. Maiden Name Julia Jones
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 17 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Station, Md.

19 MAR 17 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-27- 1942, at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon; and from the evidence obtained by said Autopsy + Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Bronchio-pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 2-28-42

VS 6

8032

City Disposal

90239 BALTIMORE CITY HEALTH DEPARTMENT 161-c F 90239
CERTIFICATE OF DEATH Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 W. Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Saratoga
(If rural give location)
18 +
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Walker F-48529

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1942

8. AGE: Years | Months | Days | If less than one day: 6 hr. 30 min.

9. Birthplace 931 W. Saratoga (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Coates
13. Birthplace Detroit, Mich.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 17 1942
COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1941, 1:45 P.M. to 3:40 P.M. and that I last saw him alive on March 13 1941, 3:40 P.M.

Immediate cause of death: Hemorrhage Diseased Pleura — Duration: 6 hr. 30 min.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Cole
Address Union Mem. Hosp. Date signed 3/13/42 M. D.

VS 1

8031

F 90233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90233

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Whitemarsh
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise Grimm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-41

8. AGE: Years	Months	Days	If less than one day
	3	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Grimm
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Cengle
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Mem. Park
Location Taylor Ave. Parkville, Balto Co. Md

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 100 Eutaw Place

19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 6:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1942, to March 15, 1942, and that I last saw h[illegible] alive on March 15 19 42

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ray Pollard M. D.
Address J.H.H. Date signed 3-16-42

VS 3

F 90234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 90234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Walnut Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. William W. Barnes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
male	white	married

6 (b) Name of husband or wife Anne Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1861

8. AGE: Years	Months	Days	If less than one day
80	8	16	hr. min.

9. Birthplace Barton, Maryland (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name John Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Nancy Shaw
15. Birthplace Maryland

16 (a) Informant Helen Barnes Carter
(b) Address Kilmarnock, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (month) (day) (year)
(c) Cemetery ~~Woodlawn Cemetery~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John A. Mitchell Funeral Home Inc.
(b) Address 1900 Eutaw Place

19 (a) MAR 17 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 14 1942 and that I last saw him alive on March 14 1942.

Immediate cause of death Hypocondritis — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterman
Address 2324 Reisterstown Rd. Date signed 3/16/42

Rev. Patterman

F 90235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90235 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & N. Monroe
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Beech Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Nettie C. Christopher

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 5, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	12	hr. min.

9. Birthplace Church Creek Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business ✓

FATHER
12. Name John C. Christopher
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Bailey
15. Birthplace Md.

16 (a) Informant Robert C. Christopher
(b) Address 4101 Harris ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 18/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Southgate, Balto Co. Md.

18 (a) Funeral director John D. Mitchell Funeral Home
(b) Address 1900 Eutaw Pl. Mrs. Huntington Williams

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15 1942 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1942 to Mar. 15 1942 and that I last saw her alive on Mar. 15 1942

Immediate cause of death: Cerebral hemorrhage — Duration

Due to Hypertension, arterial

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature C. Arthur Rawlings M.D.
Address St. Agnes Hosp. Date signed 3/15/42

F 90236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 90236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 South Paca Street (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AESOP ANDERSON HILL

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 220-07-0680

4. Sex MALE

5. Color or race COL.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Cordelia Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1893

8. AGE: Years 48 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Carlisle, South Carolina (Town, county, and state)

10. Usual Occupation LABORER*

11. Industry or business UNITED FRUIT COMPANY

FATHER 12. Name Andrew Hill

13. Birthplace Unknown

MOTHER 14. Maiden Name Martha

15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 12 42 (month) (day) (year)

(c) Cemetery or crematory National Cemty
Location Balto.

18 (a) Funeral director Walter Burns
(b) Address 1394 W. Hamburg St.

19 (a) MAR 17 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1942, at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1942, to Mar. 12, 1942, and that I last saw h im alive on Mar. 12, 1942

Immediate cause of death Pneumonia, lobar, rt. upper lobe — Duration 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/13/42

F 90237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-D Registered F 90237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Hudson st
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Hudson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam Glembicki

3 (b) If veteran, name war No
3 (c) Social Security Account No 213-05-2548

4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lottie
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) 1886 –
8. AGE: Years 55 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Joseph Glembicki
13. Birthplace Poland –

MOTHER
14. Maiden Name ?
15. Birthplace Lottie ? Glembicki

16 (a) Informant Lottie Glembicki
(b) Address 3021 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Steve Stanislaus
Location Dundalk Ave

18 (a) Funeral director John Duda
(b) Address 2829 Huldrow St

19 (a) MAR 17 1942 (Date received by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942 at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Mar 15 1942 and that I last saw h alive on March 1 19

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to Carcinoma of Lung — Jan 1 1942
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Keough M. D.
Address 801 21 Fremont Ave Date signed 3/17/42

VS 3

F 90238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1047 Brentley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 Brentley Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Arabella Calhoun

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eugene Calhoun

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 Months Days If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Vincent Demby

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Emilie Moore

15. Birthplace Md

16 (a) Informant Eugene Calhoun

(b) Address 1047 Brentley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Edgewood Ave Huntington Williamsburg, Md.

19 MAR 17 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1942 at 1020 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12, 1942, to Mar 14, 1942, and that I last saw h[illegible] alive on March 14, 1942.

Immediate cause of death Cerebral Hemorrhage

Duration 2 Hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed Mar 16 42

VS 8

F 90239 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 90239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Zamzyla

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Dressmaker

11. Industry or business

FATHER 12. Name Charles

13. Birthplace ?

MOTHER 14. Maiden Name Mary Macko

15. Birthplace ?

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Baltimore

18 (a) Funeral director Rita Weedefeld

(b) Address 914 Greenmount Ave

19 MAR 17 1942 (b) Arrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 4 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1942, to Mch 16 1942, and that I last saw h[illegible] alive on Mch 16 1942

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall

Address 1631 E Northave Date signed 3/16/42

VS 3

F 90240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Bolton (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John E. Morris

3 (b) If veteran, name war

3 (c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertie Morris

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1888

8. AGE: Years 53 | Months 6 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Northumberland Co Va (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER 12. Name Geo. Morris

13. Birthplace Ga.

MOTHER 14. Maiden Name Samantha Kirk

15. Birthplace Ga.

16 (a) Informant Bertie D. Morris

(b) Address 1701 Bolton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. H. Woolland

(b) Address 1631 Druid Hill Ave

19 MAR 17 1942 (Date rec'd by Registrar) (b) Huntingtown Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1934 to March 14 1942 and that I last saw h[illegible] alive on March 14 1942

Immediate cause of death Pulmonary tuberculosis — Duration 8 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Harris M. D.
Address 515 Lexington Date signed 3/17/42

VS 3

F 90241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 142 S. Hilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 S. Hilton St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

20 1

3 (a) FULL NAME Albert F. Mullinix

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Widower

6 (b) Name of husband or wife (Nee Ridgely) Lulu Rose M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1866

8. AGE: Years	Months	Days	If less than one day
75	10	4	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Farmer

FATHER
12. Name Andrew Jackson Mullinix
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Susan
15. Birthplace

16 (a) Informant Alvin Mullinix
(b) Address 142 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Howard Chapel
Location Long Corner, Carroll Co. Md.

18 (a) Funeral director Harry H. Ruffle
(b) Address 4101 E. Monument Ave.

19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Hilliard, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to March 14 1942 and that I last saw h[illegible] alive on March 11 1942

Immediate cause of death Coronary Occlusion — Duration Instant

Due to Cardio Vascular Renal Degeneration — Duration Jan 1942

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson
Address 3432 Frederick Ave Date signed 3/16/42

VS 3

F 90242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie M. McCoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edw. J. McCoy

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1902

8. AGE: Years: 39 | Months: 7 | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clinton A. Carter
13. Birthplace Montgomery County Maryland

MOTHER
14. Maiden Name Bessie Bluefield
15. Birthplace Baltimore Maryland

16 (a) Informant Mercy Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. Bamberger
(b) Address 1605 W. Baltimore St.

MAR 17 1942 (Date received by Registrar) Arlington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION 85

20. DATE OF DEATH Mar. 15 1942 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942 to Mar 15 1942 and that I last saw him alive on Mar 15 1942

Immediate cause of death	Duration
Uremia	
Due to Tuberculosis of Kidneys	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nacy M. Genn M.D.
Address Mercy Hosp. Date signed 3/17/42

VS 3

F 90243 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90243

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 E. 21st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. 21st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeannette Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Julius W. Meyer
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) December 11,1868

8. AGE: Years	Months	Days	If less than one day
73	3	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Nicholson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Georgianna Raudue
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ethel Meyer
(b) Address 14 E. 21st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18,1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

MAR 17 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 1.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939, to March 15 1942, and that I last saw her alive on March 14 1942.

Immediate cause of death
Cerebral Hemorrhage
Due to Carcinoma of Breast.
Due to
Other Conditions

Duration
Feb. 14-1941
July 15-1939

(Include pregnancy within 3 months of death)
Date of operation March 12-1939
Major findings of operation Carcinoma of Breast
of autopsy

PHYSICIAN
Underline the cause to which death should be charged attributable.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Underhill M. D.
Address 2112 Maryland Ave. Date signed

VS 8

F 90244 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lake Drive Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Abraham B. Lowenstein.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Marie W. Lowenstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1860

8. AGE: Years	Months	Days	If less than one day
81	7	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Mfgr.

11. Industry or business

FATHER
12. Name Lyman Lowenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Sonnenberg
15. Birthplace Germany

16 (a) Informant Mrs. S. Rothschild,
(b) Address 2215 Park Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42. (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenmeier & Son
(b) Address 1902 Eutaw Place

19 MAR 17 1942 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 9.2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to March 1942, and that I last saw h. alive on March 14 1942.

Immediate cause of death	Duration
Cardiac Failure	20 Min.
Due to Arteriosclerotic Heart Lesion	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert H. Gundersheimer, M.D.
Address Riviera Apts. Date signed 3/18/42

VS 3

F 90245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-6

F 90245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3852 Dolfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3852 Dolfield Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSKPH H. MARKS.

3 (b) If veteran, name war -----

3 (c) Social Security Account No. 215-054-216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie Fuld Marks.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1886

8. AGE: Years	Months	Days	If less than one day
56	1	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Ins. Salesman.
11. Industry or business

FATHER
12. Name Hyman D. Marks.
13. Birthplace Poland.

MOTHER
14. Maiden Name Esther Samuels.
15. Birthplace England.

16 (a) Informant Mrs. Bessie Fuld Marks.
(b) Address 3852 Dolfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Goodhein & Sons
(b) Address 1902 Eutaw Place

MAR 17 1942 (Date received by Registrar) (b) H. Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th. 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1942 to 3/15 1942; and that I last saw him alive on 3/14 1942.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis	
Coronary artery disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Kendall M. D.
Address 1515 Park Ave. Date signed 3/16/42.

F 90246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 90246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Aisquith Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Aisquith Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Rumenapf

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Dora Rumenapf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1862

8. AGE: Years	Months	Days	If less than one day
79	9	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired hop maker

11. Industry or business

FATHER 12. Name Not known

13. Birthplace Germany

MOTHER 14. Maiden Name Not known

15. Birthplace Germany

16 (a) Informant Miss Gretta Rumenapf

(b) Address 1305 Richardson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location 3801 Frederick Ave.

18 (a) Funeral director G. Hazard Strong

(b) Address 715 Light St.

19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942 at 6A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.

Date signed 3-15-42

F 90247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3717 - 7th St. Blgh.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3717 - 7th St. Blgh. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM E. SANDS

3 (b) If veteran, name war

3 (c) Social Security Account No 216-18-9119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26 1894

8. AGE: Years	Months	Days	If less than one day
47	6	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Blacksmith helper

11. Industry or business Building Trade

FATHER 12. Name Thomas E. Sands, Sr.

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Mary Ellen Seifert

15. Birthplace Baltimore, Maryland

16 (a) Informant James H. Sands

(b) Address 2625 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19. 1942 (month) (day) (year)

(c) Cemetery or crematory New U.S. National

Location Biederick Ave. Balto. Md.

18 (a) Funeral director G. Howard Strong

(b) Address 715 Light St.

19 (a) MAR 17 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 6 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 3-18-42

VS 6

F 90248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-3 F 90248 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 S. STREEPER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S. STREEPER ST. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP PEACOCK

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: MAY PEACOCK

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): DEC. 5 1859

8. AGE: Years: 82 Months: 3 Days: 10 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: RETIRED FIREMAN

11. Industry or business: BALTO. CITY FIRE DEPT.

FATHER
12. Name: JAMES PEACOCK
13. Birthplace: BALTIMORE MD.

MOTHER
14. Maiden Name: FRANCIS ADLEMAN
15. Birthplace: BALTIMORE MD.

16 (a) Informant: BENJAMIN PEACOCK (SON)
(b) Address: 500 S. STREEPER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 18/42 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lilly & Jailer Inc
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by Registrar): MAR 17 42 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAR. 15 1942, at 7:30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/14 1942, to 3/15/42 1942, and that I last saw h[illegible] alive on 3/14 1942.

Immediate cause of death: Senility of Arteriosclerosis — Duration

Due to: Fecal Concretions & Stenosis — Duration

Due to: — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Knox Jenkins M. D.
Address: 5 E 6 F Balto
Date signed: 3-16-42

VS 3

F 90249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 90249 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 Light Street
(c) Hospital or institution: North Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3537 - 329 (If rural give location) St. Brooklyn
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin Harkum

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-01-0291
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hilda Harkum
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 14, 1882
8. AGE: Years 59 | Months 5 | Days 1 | If less than one day hr. min.
9. Birthplace (Town, county and state) Baltimore, Md
10. Usual Occupation Stage Hand
11. Industry or business Theatre
FATHER 12. Name James Harkum
13. Birthplace Baltimore, Md
MOTHER 14. Maiden Name Alice Sinclair
15. Birthplace Philadelphia, Pa
16 (a) Informant Hilda Harkum
(b) Address 3537 - 3rd St. Brooklyn
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Baltimore, Md
18 (a) Funeral director Sunward & Covington
(b) Address 21 W. 25th St.
19 MAR 17 1942 (Date rec'd by registrar) Huntington-Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 19 42 at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 19 42 to 3/15 19 42, and that I last saw h alive on 3/15 19 42.

Immediate cause of death: Pulmonary tuberculosis 4 mo carcinoma of lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein M. D.
Address 5 W. Eu. Balto. Md. Date signed 3/15/42

VS 3

F 90250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 90250
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1141 W. Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 W. Saratoga
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry Turner
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-03-0445
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Susie Turner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 10, 1890
8. AGE: Years 51 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Westmoreland Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jerry Turner
13. Birthplace Va

MOTHER
14. Maiden Name Fenton Thompson
15. Birthplace Va

16 (a) Informant Susie Turner
(b) Address 1141 W Saratoga St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Mrs Kodie R. Williams
(b) Address 322 N Schroeder St Huntington Williamsport, Md.
19 (a) MAR 17 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1942 at 2.05 PM
21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941 to Mar 13 1942 and that I last saw him alive on Mar 13 1942
Immediate cause of death — Duration
Coronary Occlusion
Due to Interstitial
Due to Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. F. Harrell M. D.
Address 6210 N Charles Ave Signed 3/17/42

VS 1

F 90251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-N

Registered No. F 90251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street ~~3406~~ Hayward Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter W Pohlman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret Bowman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1910

8. AGE: Years 32 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Reisterstown, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Pohlman

13. Birthplace Texas, Balto. Co., Md.

MOTHER 14. Maiden Name Arnola Yingling

15. Birthplace Westminster, Md.

16 (a) Informant Arnola Yingling

(b) Address 3406 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)

(c) Cemetery or crematory Asbury

Location Reisterstown, Md.

18 (a) Funeral director Loring Byers

(b) Address 5845 Falls Heights Ave.

19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 2 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Fractured skull, Subarachnoid hemorrhage — Duration
Due to: Hematoma, epidural
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/7
(a) Accident, suicide, or homicide ~~Accident~~ Accident
(b) Date of occurrence 3/16/42 at 2 00 PM
(c) Where did injury occur? 3406 Eaton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Fall to floor

23. Signature W M Vanderwerker M.D. Medical Examiner.

Date signed 3/17/42

VS 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered F 90252

The ... WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Philip Reuther

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Augusta
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 24, 1868

8. AGE: Years	Months	Days	If less than one day
73	8	21	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business

FATHER
12. Name: Reuther
13. Birthplace: Germany

MOTHER
14. Maiden Name: Reuther
15. Birthplace: Germany

16 (a) Informant: wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Baltimore

18 (a) Funeral director: WILLIAM J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto.

19 (a) MAR 17 1942 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquest on the person and from the evidence obtained by said Autopsy - Inquest did that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Haddaway M.D.
Medical Examiner.
Date signed 3-16-42

F 90253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 90253.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geneveia A. Fritts

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Franklin Fritts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1857

8. AGE: Years 84 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace London Co., Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Reid
13. Birthplace Unknown

MOTHER
14. Maiden Name Susan C. Nichols
15. Birthplace

16 (a) Informant Mr. George J. Fritts
(b) Address 2809 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Medowridge
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 17 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1942, at 6:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1941, to Mar 15 1942 and that I last saw h alive on Mar 15 1942

Immediate cause of death Chronic Interstatial Nephritis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Lally M.D.
Address 257 Edmondson Ave Date signed Mar 16, 42

F 90254 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. R 90254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 E 20th st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1734 E 20th st (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

93

3 (a) FULL NAME Margaret S Arment
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife John Arment
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 5 1866

8. AGE: Years	Months	Days	If less than one day
76	1	9	hr. min.

9. Birthplace Balto md (City, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Chas E Arment
(b) Address 3018 Arlsa ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location
18 (a) Funeral director Leonard J Ruck
(b) Address 5345 Harford Rd
19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Avenue, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to Mar 14 1942, and that I last saw h alive on March 13 1942.

Immediate cause of death Myocarditis — Duration
Due to
Due to
Other Conditions Chronic Duct Bladder tumor
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carol Frohn M. D.
Address 1823 N. Mont st. Date signed 3/17/42

VS 3

Hro 5134

F 90255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A

Registered No. F 90255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Myrtle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birtha Scarborough

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1887

8. AGE: Years	Months	Days	If less than one day
54	8	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Horace Scarborough
13. Birthplace Md

MOTHER
14. Maiden Name Mary Landon
15. Birthplace Md

16 (a) Informant Masonia Nelson
(b) Address 1535 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. B. Nelson
(b) Address 1303 Pressalyman

19 (a) (Date received by registrar) (b)

MAR 17 1942 Registrar of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942, at 10:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Coronary - thrombosis Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-15-42

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-A

Registered No. F 90256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Gough Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Ludwik Sarnecki (Or) Louis Sarnecki

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male ?	White	Widowed

6 (b) Name of ~~husband~~ wife Apolonia Sarnecki
6 (c) If alive, ~~Deceased~~ years

7. Birth date of deceased (mo., day, yr.) Aug, 1872 ?

8. AGE: Years	Months	Days	If less than one day
69 70 ?	7		hr. min.

9. Birthplace Jaslo-(Poland) (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob Sarnecki
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Szmaska
15. Birthplace Poland

16 (a) Informant Joseph Sarnecki (Son)
(b) Address 1802 Gough Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

MAR 17 1942 [illegible] Washington Blvd

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1942, at 7.52 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 19 41 to March 14 1942 and that I last saw h.. alive on March 14 19 42.

Immediate cause of death: Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions Carcinoma of Pancreas

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo F. Kurlock M. D.
Address 126 S. Patterson Park Ave Date signed March 16 1942

VS 3

CORRECTIONS MUST BE MADE IN BLACK INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 d

Registered No. F 90257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM REITER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8321

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 7/16/1892

8. AGE: Years	Months	Days	If less than one day
49	7	29	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Adam Reiter
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rose Dunning
15. Birthplace Balto Md.

16 (a) Informant Anna Reiter (Wife)
(b) Address 3109 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St

18 (a) Funeral director Lilly & Zuberer
(b) Address 403 S. Wolfe St

19 (Date received by registrar) MAR 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 10 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquiry~~ autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions: Chronic alcoholism
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Asst. Medical Examiner.
Date signed 3-16-42

VS 6

FILL IN ALL ITEMS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90258 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 90258 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Timonium Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM M. KINNEAR

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Florence Ohle
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	0	29	____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Horse shoer
11. Industry or business: Retired

FATHER
12. Name: Alexander Kinnear
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary McCuffy
15. Birthplace: New York, N. Y.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 18/42 (month) (day) (year)
(c) Cemetery or crematory: U.S. National
Location: Frederick, Md.

18 (a) Funeral director: Jolly & Zollerman
(b) Address: 403 Eastern Ave.

19 MAR 17 1942 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1942, 6:20a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8, 1942, to March 15, 1942, and that I last saw him alive on March 15 1942.

Immediate cause of death	Duration
Bronchopneumonia	3 dar.
Due to Tracheo-esophageal fistula	6 mo.
Due to Carcinoma of esophagus associated with carcinoma of	3 yrs.
Other Conditions colon	

(Include pregnancy within 3 months of death)
Date of operation March 13, 1942
Major findings of operation: Gastrostomy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/16/42

F 90259 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 90259 Registered No.

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Watkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Drakes Branch, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Watkins
13. Birthplace Va.

MOTHER
14. Maiden Name Priscilla Brodgen
15. Birthplace Va.

16 (a) Informant Sherman Watkins
(b) Address 1121 Madison ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-17-42 (month) (day) (year)
(c) Cemetery or crematory Drakes Branch
Location Virginia

18 (a) Funeral director Adolphus Halbert
(b) Address

MAR 17 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942, at 2:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy - Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute Rheumatism, Endocarditis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Rhodes M.D.
Medical Examiner.
Date signed 3-15-42

VS 6

412893

F 90260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 90260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town PENN BEACH (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY Messick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-76

8. AGE: Years	Months	Days	If less than one day
66	0	22	hr. min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name William Messick
13. Birthplace Md.

MOTHER
14. Maiden Name MARY THOMAS
15. Birthplace N.J.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 '42 (Month) (Day) (Year)
(c) Cemetery or crematory Bishop Gleeson
Location Salem N.J.

18 (a) Funeral director Geo McClintock Jr
(b) Address 611 Newton St

MAR 17 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 17 1942 at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 12 1942 to MAR 17 1942 and that I last saw h. alive on MAR 17 1942.

Immediate cause of death	Duration
Carcinoma of the Bladder, hemorrhage, uremia	10 years
Due to exciting Nephritis that Pyelo?	
Due to and Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Cancer of Bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Haines
Address John Hopkins Hosp. Date signed 3/17/42 M. D.

VS 1

PRINT CLEARLY WITH PENCIL OR PEN AND INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

Registered No. F 90261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 N Monroe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E Gerge
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	W	Widowed	Joseph Gerge	years

7. Birth date of deceased (mo., day, yr.) Dec 8 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	3	8		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Wm H. Watson
	13. Birthplace Md
MOTHER	14. Maiden Name Annabel Hines
	15. Birthplace Md

16 (a) Informant Wm H. Watson
(b) Address 4507 Schooley Ave
17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Balto Md
18 (a) Funeral director Geo E Farley
(b) Address Fulton & Fayette Ave
19 (a) MAR 17 1942 (Date received by Registrar) (b) Huntington Station, Md Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-16 1942 and that I last saw her alive on 3-16 1942

Immediate cause of death: Acute bronchitis
Acute Cardiac dilation
Duration 10 days 6 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature C Wales
Address 4 N Fulton Ave Date signed 3/17/42

F 90262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 B Registered No.

F 90262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 E 25th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 E 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Hervey

3 (b) If veteran, name war —
3 (c) Social Security Account No. 104F

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	16	hr. min.

9. Birthplace Canada
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Wm G. McCulloch
13. Birthplace Canada

MOTHER
14. Maiden Name Mary A Boundy
15. Birthplace Canada

16 (a) Informant Miss Ruth Hervey
(b) Address 328 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wilson Bros
(b) Address 1217 E Pratt St

19 (a) MAR 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 11-45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Barbital poisoning (Coma) — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3/14/42 11 M
(c) Where did injury occur? 328 E 25th St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Barbital

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 3/17/42

VS 6

CAUTION: PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90263
RC(71881)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

F 90263
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 W. Lombard street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles McCain

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1860

8. AGE: Years 81 | Months 8 | Days 15 29 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name John McCain
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Orem
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilhoyte Co
(b) Address 1217 E Pratt St

19 (Signature and address of registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1942, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 3-15 1942, and that I last saw h alive on 3-15 1942.

Immediate cause of death Bronchopneumonia — Duration 6 days
Due to Hypostasis — 18 days
Due to Suprapubic Prostatectomy for Benign Prostatic Hypertrophy — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ronald Bartlett M.D.
Address Balto City Hosp Date signed 3/18/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IMPORTANT: WITH UNFADING INK.

F 90264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90264
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Rutland ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren K Etchberger

3 (b) If veteran, name war — | 3 (c) Social Security Account No. 212-07-3245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2, 1883

8. AGE: Years	Months	Days	If less than one day
59	1	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Young & Selden

FATHER
12. Name (Unknown) Etchberger
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Maryland

16 (a) Informant Barbara Etchberger
(b) Address 1805 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wilhelm Bros
(b) Address 1219 N Gilmor St

19 MAR 18 1942 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942, at 12 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 3-15-42

VS 6

16

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered F 90265

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Yolanda Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Yolanda Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Hoffman

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Bernhard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1866

8. AGE: Years	Months	Days	If less than one day
75	11	13	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER — 12. Name	? Roth
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	?
MOTHER — 15. Birthplace	Germany

16 (a) Informant Mrs. D. Marie Parsons
(b) Address 3626 Yolanda Rd.
17 (a) Cremation (b) Date thereof 3/19/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md
18 (a) Funeral director Wilhem & Son
(b) Address 1219 E Fort Ave

MAR 18 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar)

MAR 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 8 35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death — Duration
Generalized arteriosclerosis
Senility
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner
Date signed 3/17/42

F 90266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. F 90266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Hyde (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr John G. Huck Jr. (Dr. John George Huck-Jr.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Mrs. John G. Huck (Kathleen McGee Huck) 6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 7, 1891

8. AGE: Years	Months	Days	If less than one day
51	8	10	hr. min.

9. Birthplace Baltimore Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Retired physician and

11. Industry or business

FATHER 12. Name Dr. John G. Huck
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Emily Gardiner
15. Birthplace Baltimore Md

16 (a) Informant Mrs. John G. Huck
(b) Address Hyde, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- -42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Ave - City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) MAR 18 1942 by Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1942, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1942, to Mar 17 1942, and that I last saw h[illegible] alive on Mar 17 1942.

Immediate cause of death	Duration
Respiratory failure	10 min
Due to Cerebral [illegible] Hem. - Embolism	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robt C Crawford
Address Union Memorial Hospital Date signed 3/19/42

F 90267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 90267

The information requested on this certificate is necessary for the protection of the public health. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 Hawthorne Rd
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2 7 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Hawthorne Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgie Johnson Price Bosley

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Saml. P. Bosley
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Nov-10-1848

8. AGE: Years 93 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William Price
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Ballo Co. Md.

16 (a) Informant Mrs J. K. Bessigar (daughter)
(b) Address 325 Hawthorne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Trinity Churchyard
Location Long Green Md

18 (a) Funeral director Edward M. Young Sr.
(b) Address 1040 Hollins St.

19 MAR 18 1042 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1941 to March 16 1942 and that I last saw her alive on 3/14 1942

Immediate cause of death: acute pleurisy
Due to: General arteriosclerosis
Due to:
Other Conditions: Cardio-Renal failure
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: none

Duration: 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Abercrombie M.D.
Address 804 Cathedral St Date signed 3/17/42

VS 3

H12 F 90268 F 90268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country NO

3 (a) FULL NAME Abraham Bernard November

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 219-01-4150 A

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1-31-70

8. AGE: Years 72 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace TENN (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Bernard November

13. Birthplace England

MOTHER 14. Maiden Name Fannie (31)

15. Birthplace England

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (Or R. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) MAR 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 16 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 15 1942 to MAR 16 1942, and that I last saw HIM alive on MAR 16 1942.

Immediate cause of death Cardiac Failure. — Duration

Due to Coronary Occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey R. Dollen M.D.

Address Johns Hopkins Hosp. Date signed 3-16-42

VS 3

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MA F 90269 1523A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Guilford Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Winfield

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70	?	?	hr. ? min.

9. Birthplace Suffolk Co. Va. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace " ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A. County
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.
19 (a) (b) Huntington Williams, M.D.

MAR 18 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939 to 3-14 1942, and that I last saw her alive on 3-14 1942

Immediate cause of death ? Coronary occlusion — Duration 1 day

Due to

Due to

Other Conditions Senile arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balt. City Hosp Date signed 3-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. [illegible] WITH UNFADING INK.

F 90270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90270 ✓ 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1258 James St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1258 James St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W. BAKER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E. Baker

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1864

8. AGE: Years 78 Months 0 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace London Co., Md. (Town, county, and state)

10. Usual Occupation Retired Machinist

11. Industry or business B. & O. R.R.

FATHER
12. Name Willeing Baker
13. Birthplace Del.

MOTHER
14. Maiden Name Conglia Birkett
15. Birthplace Del.

16 (a) Informant Norman W. Baker
(b) Address 1255 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Mr & Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St.

MAR 18 1942 Entered by registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions 40

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 40

of autopsy: 40

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed 3-16-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 90271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 656 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RACHEL THOMAS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace Easton, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Old age Insurance
(b) Address 727 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto - md

18 (a) Funeral director Chas. G. Corbin
(b) Address 514 N Calhoun St.

19 MAR 18 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1-30-45
Due to: Arteriosclerosis	
Due to	
Other Conditions: Ns	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ns

of autopsy: Ns

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Wollenweber M.D. Asst Medical Examiner.

Date signed 3-15-42

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 90272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Overlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) UNKNOWN
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Overlea Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANGELINA HABERSACK

3 (b) If veteran, name war *

3 (c) Social Security Account No. *

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Chas. F. Habersack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1864

8. AGE: Years 78 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bly
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Hooker
15. Birthplace Germany

16 (a) Informant Mr. Habersack
(b) Address 4000 Overlea Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director Loveless Funeral Home
(b) Address 7401 Belair Road

MAR 18 1942 (Date filed by registrar) (b) Huntington Hillcrest, Md. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 19 42 to Mch 16 1942, and that I last saw h[illegible] alive on Mch 16 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to Arterio-Sclerosis	10 Yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Bauer M. D.
Address 1100 Overlea Ave Date signed 3/17/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 90273 Registered No.

Please answer all questions. Every item of information should be carefully supplied. Do not use abbreviations. Write out the full name and address. Where the exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 W. Saratoga street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1421 W. Saratoga Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felix Frierson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 211-05-6725

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife Isabella Frierson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Sumter, S. C.
(Town, county, and state)

10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name unknown
13. Birthplace S. C.

MOTHER
14. Maiden Name unknown
15. Birthplace S. C.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

MAR 18 1942 (Date received by Registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14- 1942, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by Autopsy / Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiac - Vascular Disease	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mead M.D.
Medical Examiner.
Date signed 3-15-42

V8 6

F 90274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

F 90274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Lett ALLEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	widow

6 (b) Name of husband or wife George Lett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1899

8. AGE: Years	Months	Days	If less than one day
43	6	17	hr. min.

9. Birthplace Wake Co, N C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Allen
13. Birthplace Granville Co. N C.

MOTHER
14. Maiden Name Ella Pettaford
15. Birthplace Granville Co N C

16 (a) Informant Obie Allen (brother)
(b) Address 1639 N. Carey St

17 (a) Burial (b) Date thereof Mar 18, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Durham
Location North Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St
(Date received by Registrar) MAR 18 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942; at 7:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Acute Pulmonary Edema — Duration
Due to Acute Congestive Cardiac Failure.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mallett M.D.
Medical Examiner.
Date signed 3-16-42

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90275 in 1927 W. Pratt

Edward Gross Room 104 Balto Court House

F 90275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
Street No. 2418 Frederick Ave (Rural districts only)
(e) Citizen of foreign country? United (Yes or No)
If yes, name country States of America

2047

3 (a) FULL NAME Anna Schaefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John H. Schaefer

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19-1858

8. AGE: Years 83 | Months 6 | Days 15 27 | If less than one day hr. min.

9. Birthplace Saxony Germany (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Karl Gross
13. Birthplace Saxony Germany

MOTHER
14. Maiden Name Christina Frohlich
15. Birthplace Saxony Germany

16 (a) Informant Miss Gracie Gross
(b) Address 2418 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore Md.

18 (a) Funeral director Mamie C. Syfer
(b) Address 1600 W. North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 18 1942

Interment Milbourne, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1942, at 4-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Mar 16 1942. and that I last saw h alive on Mar 16 1942.

Immediate cause of death: Insanity — Duration: 3 days

Due to Arterio Sclerosis Cerebral Hemorrhage

Due to Cirrhosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature Harwood Yahn, M.D.
Address 701 W North Ave Date signed 3/19/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163M

F 90276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Hilton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Henry Rohlfs

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
1918	No	Male	White	Married

6 (b) Name of husband or wife Mary Anna Rohlfs
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 25 - 1892

8. AGE: Years	Months	Days	If less than one day
49	3	18 12	hr. min.

9. Birthplace Newark N. J. (Town, county, and state)
10. Usual Occupation Letter Carrier, U.S.P.S.
11. Industry or business

FATHER 12. Name Henry W. Rohlfs
13. Birthplace Germany

MOTHER 14. Maiden Name Louise Catrain Wagerknecht
15. Birthplace Germany

16 (a) Informant Mrs Louise P. Rohlfs
(b) Address 1613 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 19 (day) 42 (year)
(c) Cemetery or crematory W. S. Nat. Cemetery
Location Balto. Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2583 Edmondson Ave

19 MAR 18 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at 12:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Auto - exhaust gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-15-42 at 11:30 A M
(c) Where did injury occur? Rear 3205 W. North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage (Specify type of place) While at work? No
(e) Means of injury Inhalation of Carbon. Monoxide

23. Signature Howard J. Sheldon M.D. Medical Examiner.
Date signed 3-18-42

VS 6

F 90277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 90277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Gold Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Gold.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wrosell (Wrosell)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1872

8. AGE: Years 69 Months 8 Days - If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER
12. Name John Wrosell
13. Birthplace Va

MOTHER
14. Maiden Name Nelr Rolb
15. Birthplace Va

16 (a) Informant Howard Wrosell
(b) Address 400 Gold Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto

18 (a) Funeral director Isaiah F. Brown
(b) Address 1088 Montgomery St

19 MAR 18 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15-1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 7 1942 to March 15 1942 and that I last saw him alive on March 15 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to Hypertension

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Hayes M. D.
Address 1016 E. Lanvale St. Date signed 3-18-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90278 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 90278 Registered No.

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive (Allendale) (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bernard Salomon (Ruth) (SALOMON)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-3973

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Bernard Salomon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 16, 1888

8. AGE: Years	Months	Days	If less than one day
53	10	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Husband - Dept. Store

FATHER
12. Name Louis Beigen
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Greenbaum
15. Birthplace Maryland

16 (a) Informant Mr. B. Salomon
(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Ohel Abraham
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1920 Eutaw Place
19 MAR 18 1942 (Signature) Huntington Williams M.D.
(Address) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1942 at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942 to 3/17 1942, and that I last saw h.[illegible] alive on 3/17 1942.

Immediate cause of death: Metastatic carcinoma of Left Breast

Due to: Carcinoma of st. Breast ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation July 1941

Major findings of operation: Carcinoma of st. breast

of autopsy:

Duration
2
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cullen F. Dellaert M.D.
Address Union Memorial Hospital Date signed 3/17/42

VS 2

F 99279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 99279

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 So Potomac (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert N. Delambo

3 (b) If veteran, name war

3 (c) Social Security Account No. 21301-3413

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen Delambo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-70

8. AGE: Years 31 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Ensenburg Pa. (town, county, and state)

10. Usual Occupation Welder

11. Industry or business Foundry

FATHER
12. Name Frederick Delambo
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Isola
15. Birthplace Italy

16 (a) Informant Helen Delambo
(b) Address 502 S Potomac St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3 20 42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director James Young Funeral
(b) Address 1407 Eastern Ave

MAR 18 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 at 2:37 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns, generalized — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 21/a
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/10/42 at 3 P.M.
(c) Where did injury occur? Standard Sanitary Mfg Co Pittsburgh Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell Struck Kerosene Tank

23. Signature Wm H Van Dellen M.D. Medical Examiner.
Date signed 3/17/42

VS 6

F 90280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 c

F 90280 Registered No.

The ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 61
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 252 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret L. von Wachter

3 (b) If veteran, name war ------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Married

6 (b) Name of husband or wife Herbert N. von Wachter
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 15, 1903

8. AGE: Years	Months	Days	If less than one day
38	8	2	____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Clarence E. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Buck
15. Birthplace Phila. Penna.

16 (a) Informant Herbert N. von Wachter
(b) Address 252 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 MAR 18 1942 (Date received by registrar) Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 19 42 at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to 3/17 1942 and that I last saw her alive on 3/17 1942

Immediate cause of death
Congest. Heart Disease — Duration (History) Oct 1938
Due to Rheumatic Valv. Disease
Due to Cong. Heart Dis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Mitchell Jr. M. D.
Address 104 Cathedral St Date signed 3/18/42

F 90281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

F 90281 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Mt Holly St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Mt Holly (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Orr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28, 1856

8. AGE: Years 85 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Book Binder

11. Industry or business Retired

FATHER
12. Name Robert Orr
13. Birthplace Ireland

MOTHER
14. Maiden Name Rachael McKenzie
15. Birthplace Ireland

16 (a) Informant Robert Sullivan
(b) Address 405 Mt Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18/4 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Balto

18 (a) Funeral director John Ullrich
(b) Address 2128 Arlington

19 (a) MAR 18 1942 (Registrar) (b) Huntingdon Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942 at 10 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1941 to March 15 1942, and that I last saw h[illegible] alive on March 14 1942.

Immediate cause of death	Duration
Uraemia	2 wks
Due to Chronic Nephritis	?
Due to Cystitis	6 mo
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M.
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Dr. J. L. Wiseman

Address 4000 Edmondson Ave Date signed 3-17-42 M. D.

VS 1

F 90282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 90282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 10 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8292 Clare St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Cragan

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Winifred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17. 1916

8. AGE: Years	Months	Days	If less than one day
25	4	27	hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Koesters Bakery

FATHER
12. Name Edward Croghan
13. Birthplace Ireland

MOTHER
14. Maiden Name Nora Garrett
15. Birthplace Ireland

16 (a) Informant Edward Croghan
(b) Address # 1217 Wilkop St.

17 (a) Burial (b) Date thereof March 19/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md

18 (a) Funeral director Maurice J. Fleming
(b) Address 1422 Light St.
Huntington Williams, M.D.

19 MAR 18 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 3:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Autopsy or Inquiry)
to ... death on the day stated above.

Immediate cause of death	Duration
Hearing + Left sided hemiparesis	
Due to Carcinoma + Cachexia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vanderwerker M.D.
Medical Examiner
Date signed 3/17/42

Physicians: please write the causes of death clearly and legibly.

F 90283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 90283 1.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Mc Kim st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Mc Kim st (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Matter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 23 66

8. AGE: Years	Months	Days	If less than one day
76	2	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm Matter
13. Birthplace Baltimore

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Ethel G. Preston
(b) Address 813 Mc Kim st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location North ave and Rose st

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) (b) Huntington Williams, M.D.

(Date rec'd by registrar) MAR 18 1942

Vs 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th, 1942, at 5.55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 1 1941, to March 16 1942, and that I last saw him alive on March 16 1942.

Immediate cause of death Cardiac
Hemorrhage

Due to Chronic Interstitial
Nephritis & arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 Minute
Probable
(Approx.)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M. Rosenthal M. D.
Address 1907 Eutaw Place Date signed 3-17-42

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly. Names of informants should be carefully supplied.

F 90284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. F 90284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) (9) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Hannigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Catherine E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1868

8. AGE: Years	Months	Days	If less than one day
73 73	11	7	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto. City

FATHER
12. Name Patrick Hannigan
13. Birthplace Ireland

MOTHER
14. Maiden Name —
15. Birthplace Ireland

16 (a) Informant Mrs. Mary A. Volkman (daughter)
(b) Address 2938 Hooker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 '42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3901 Old Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 E. Monument Ave.

19 MAR 18 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Findings at autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 16/6
(b) Date of occurrence 3/14/42 at 11:20 A.M.
(c) Where did injury occur Baltimore (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jaywalking - Auto car

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/17/42

V8 6

F 90285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 90286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 W Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 217 W Mulberry St
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Una F. ~~Estaista~~ Estaista

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. ?

4. Sex FEMALE

5. Color or race White

6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife FRANCISCO ESTAISTA

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace Covington Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business HOUSEWIFE

FATHER
12. Name C. F. WICKLINE
13. Birthplace Covington Virginia

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant C. F. WICKLINE
(b) Address Covington Virginia

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAR 19-1942 (month) (day) (year)
(c) Cemetery or crematory ?
Location Covington Virginia

18 (a) Funeral director Robt C. B. M. Walker
(b) Address Peaths Stricker Sts

19 MAR 18 1942 Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1942 at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Pettyjohn M.D.
Medical Examiner
Date signed 3/15/42

VS 6

Please write information should be carefully supplied. The accuracy important. Physicians: please write the causes of death clearly and legibly.

F 90286

Sopino

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. F 90286

RC(72078)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1912

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phillip Sopino

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-03-3797

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Menti
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 4, 1882

8. AGE: Years	Months	Days	If less than one day
59	9	13	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Francis Sopine
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Forlie
15. Birthplace Italy

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Dandelle & Dippel
(b) Address 3120 Highland Ave

19 (a) (Date received by Registrar) MAR 18 1942 (b) Registrar

Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 5:54 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 3-17 1942 and that I last saw h~~im~~ alive on 3-16 1942

Immediate cause of death: Carcinoma of stomach with metastases — Duration: 10 mos (c)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Rydon M. D.
Address B C H Date signed 3-17-42

F 90287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 Registered No. F 90287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 16-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Vencient St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Wilson 71998

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	sep.

6 (b) Name of husband or wife Lloyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1922

8. AGE: Years	Months	Days	If less than one day
19	9	4	hr. min.

9. Birthplace Va. (City, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Sterling Tanner
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Blackwell
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAR 18 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1942, at 7:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1942 to Mar. 16 1942, and that I last saw her alive on Mar. 16 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K Rectenwald M. D.
Address Balto. City Hosp. Date signed 3-7-42

VS 3

W F 90288 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121a

F 90288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Worcester
(c) City or town Pocomoke
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 5th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL H. FIELDS

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Laura Waters

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) January 13, 1897

8. AGE: Years 45 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace POCOMOKE, MARYLAND
(Town, county, and state)

10. Usual Occupation PAINTER

11. Industry or business

FATHER 12. Name Isaac Fields
13. Birthplace POCOMOKE, MARYLAND

MOTHER 14. Maiden Name Amanda James
15. Birthplace Pocomoke, Maryland.

16 (a) Informant RECORDS US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)
(c) Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City Md

18 (a) Funeral director H. Harper Bradshaw
(b) Address Pocomoke City, Md

19 MAR 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1942, at 9:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13, 1942 to March 17 1942 and that I last saw him alive on March 17 1942

Immediate cause of death: UREMIA, CHRONIC — Duration: UNKNOWN

Due to: MALIGNANT NEPHROSCLEROSIS — UNKNOWN

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Williams M.D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/18/42

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 90289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 90289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 8 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State 1 (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 E. Federal St (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country

3 (a) FULL NAME Annie A. Douglass

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: William M. Douglas
6 (c) If alive, give age No
7. Birth date of deceased (mo., day, yr.) Jan 1 - 1864
8. AGE: Years 78 | Months 2 | Days 16 | If less than one day — hr. — min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Capt. Samuel Phillips
13. Birthplace Cambridge, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr Wm Douglass Jr
(b) Address 1917 E Federal St
17 (a) Baltimore (Burial, ~~Cremation~~) (b) Date thereof Mar 19-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore, Cem. Location E. End North Ave
18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St
19 Mar 18 1942 Huntington Williams, M.D. (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 13 1942 to MAR. 17 1942 and that I last saw HER alive on MAR. 16 1942

Immediate cause of death: Acute Bronchio Pneumonia — Due to: Acute Cardiac Failure — Due to: — Other Conditions: — (Include pregnancy within 3 months of death)

Duration

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein
Address 733 Cresquith St Date signed 3/18/42

VS 8

412992
F 90290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 Registered No.

F 90290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wesley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 4 - 75

8. AGE: Years 67 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Czech -
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name [illegible] A. Chaloupka

13. Birthplace Czech -

MOTHER 14. Maiden Name Anna House

15. Birthplace Czech -

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 19 - 42 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Taylor Ave & Balto Md.

18 (a) Funeral director Thos C Mellor Sons

(b) Address 2435 Huntington Ave Baltimore, Md.

19 (d) MAR 18 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 6 ~~AM~~ PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1942 to Mar 16 1942 and that I last saw her alive on Mar 16 1942

Immediate cause of death Circulatory failure. — Duration 6 hours

Due to Arteriosclerotic heart disease, Cerebral vascular — Chronic 2.0 yrs

Due to accident

Other Conditions Bronco-pneumonia — 5 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C Arnheim

Address Johns Hopkins Hospital Date signed 3/18/42

VS 3

F 90291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136a Registered No.

F 90291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway St.
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (years, months, days) 24
(e) Length of stay in Baltimore (yrs., months, days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 S. Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3(a) FULL NAME Mrs. Amelia Oest (Mrs. Amelia Marie Oest)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm H. Oest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-1874

8. AGE: Years 67 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Rohrman
13. Birthplace Germany

MOTHER
14. Maiden Name Frederika Motta
15. Birthplace Frederick Md.

16 (a) Informant Mr. Wm. H. Oest
(b) Address 16 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

MAR 18 1942 (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1942, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1942 to 3-16 1942, and that I last saw her alive on 3-16 1942

Immediate cause of death Pulmonary Embolism

Due to Femoral Thrombosis

Due to Probably Inactivity

Other Conditions Varicosities Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Duration

PHYSICIAN

Underline the cause to which death should be charged ultimately.

of autopsy Pul. Embolism

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabelle Hanson M. D.
Address Church Home & Infirmary Date signed 3-17-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 5

F 90292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

943

Registered No. F 90292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 W. 27th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 W. 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward A. Watson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nettie A. Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 18, 1884

8. AGE: Years	Months	Days	If less than one day
57	5	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Roofing Business
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mildred Laner
(b) Address 727 E. 21st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

MAR 18 1942 (b) Huntington Williamsport N.Y.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4-1940 to 3-16-1942 and that I last saw him alive on 3-14-1942.

Immediate cause of death Angina Pectoris — Duration 2 yrs.
Due to Arteriosclerosis — Duration
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Dyleat M. D.
Address 1601 Harford Rd Date signed 3-16-42

F 90293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 90293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Moore

If U. S. Veteran specify WAR

(a) Residence: No. 213 N. Monroe St. St. 20-1 Ward. (Birth F-45734)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/17/42

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Moore

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Naomi Shores

16. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

17. INFORMANT Knpt Reed

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cambridge Md 3/19 19 42

19. UNDERTAKER Gosby A. Bailey

(Address) Preston & Laysville

19. FILED MAR 18 1942 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/ , 1942

22. I HEREBY CERTIFY, That I attended deceased from 3.17.42, 19 , to 3.18.42, 19

I last saw him alive on 3.18.42, 19 Death is said to have occurred on the date stated above, at 1:05 A.M

The principal cause of death and related causes of importance were as follows:

Atelectasis prematurity — Duration of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. Nicholly M. D.

(Address) 113 N. Fremont St.

OCCUPATION is very important. See instructions on back of certificate.

F 90294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 90294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME AMELIA WAHL BAUER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Peter Bauer
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan. 23. 1862

8. AGE: Years 80 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Charles Wahl - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalena Biehe - deceased
15. Birthplace Germany

16 (a) Informant Mrs. Christian J. Miller (Daughter)
(b) Address 3212 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 MAR 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16. 1942 8.20 A. M. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 - 4 - 1934 to 3 - 16 - 1942 and that I last saw her alive on 3 - 15 - 1942.

Immediate cause of death: Arteriosclerotic cardio-renal disease — Duration: 8 years
Due to Arteriosclerosis
Due to
Other Conditions Carcinoma of stomach 2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylvester M. D.
Address 2107 Harford Rd. Date signed 3-16-42

VS 2

90295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

497 Registered No. 90295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 S Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.) 60 years

3 (a) FULL NAME Mary Plichta

3 (b) If veteran, name of war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband: Frank J. Plichta
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 8 - 1883
8. AGE: Years 58 Months 6 Days 9 If less than one day hr. 18 min. 8
9. Birthplace Poland (Town, county, and state or country)
10. Usual Occupation Housewife.
11. Industry or business At Home.

FATHER
12. Name Joseph Niemiowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Frank J Plichta
(b) Address 20 S. Washington

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory St. Hamilton
Location Balto Co.

18 (a) Funeral director William Fiaskowski
(b) Address 1618 Eastern Ave.

19 (a) Registered MAR 19 1942 (b) Huntington Hillsboro, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940 to 3/16 1942 and that I last saw h A alive on 3/16 1942

Immediate cause of death: Pneumonia — Duration (15 min)
Due to: Carcinoma
Due to: Metastases from Vulva. — Duration: 1 yr.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of Vulva
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sara M. Holden
Address 22 E Eager St Date signed 3/18/42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90296

CERTIFICATE OF DEATH

937

F 90296

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 W. BALTIMORE ST. St., ____ Ward)

Length of residence in city or town where death occurred 89 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME ROSE ZELLINGER

(a) Residence: No. 2520 W. BALTIMORE ST. St., 20-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MARTIN ZELLINGER

6. DATE OF BIRTH (month, day, year) APR. 10 1852

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
89	11	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME JOHN MUELLER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARY ?

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT ANNA LUDWIG (DAUGHTER)

(Address) 2520 WEST BALTO. ST.

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN Date MAR. 20 1942

19. UNDERTAKER Lilly & Eichelberger

(Address) 403 Fremont St.

Date MAR 18 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 11 1942 to March 16 1942

I last saw h. M. alive on March 16 1942 Death is said to have occurred on the date stated above, at 5.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Terminal	2 days
Chronic Vascular Disease	
& Myocardial Degeneration	1 year

Other contributory causes of importance

Was an operation performed? No Date of ____

For what disease or injury? ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Eliot W Johnson M. D.

(Address) 3432 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

F 90297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 90297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Highland and Fleet Sts
(c) Hospital or institution: Knights of Columbus Hall
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2400 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES C. ABEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine Bopp.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27-1871

8. AGE: Years	Months	Days	If less than one day
70 72	9	18	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Harold Bopp.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brookland Md

18 (a) Funeral director Leonard J. Rush
(b) Address 5304 Harford Road

MAR 18 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942 at 9 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease.
Due to
Due to
Other Conditions (c)
(Include pregnancy within 3 months of death)
Date of operation (c)
Major findings of operation:
of autopsy: (c)

Duration: 17 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenhorst M.D.
Medical Examiner.
Date signed 3-16-42

VS-8

F 90298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700

F 90298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N. Chapel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Albrecht

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-17-1937

8. AGE: Years	Months	Days	If less than one day
5	-	5	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Robert R Albrecht
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary C White
15. Birthplace Baltimore Md

16 (a) Informant Robert R. Albrecht
(b) Address 1712 N Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Flynn
(b) Address 1005 Hanford Rd

MAR 18 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at 4:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry have fixed that said deceased came to his death on the day stated above.

Immediate cause of death: Fractures skull — Duration

Due to:

Due to:

Other Conditions: Multiple lacerations, abrasions & contusions
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-17-42 at 4 P. M
(c) Where did injury occur? Chapel St. near Lafayette Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury: running a scooter struck by auto truck

23. Signature Howard J. Uhle Jr. M.D.
Medical Examiner.
Date signed 3-17-42

VS 4

F 90299 Donehoo

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans Sts
(c) Hospital or Institution: St Joseph's Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 294 Lutheran (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis A. Donehoo

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-07-1998

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Married

6 (b) Name of husband or wife Evelyn L Donehoo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4-1902

8. AGE: Years	Months	Days	If less than one day
38	11	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Electrical (Bethlehem)
11. Industry or business

FATHER
12. Name Arthur Donehoo
13. Birthplace

MOTHER
14. Maiden Name Estelle -
15. Birthplace

16 (a) Informant Evelyn Donehoo
(b) Address 294 Lutheran Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Leonard Hyatt
(b) Address 525 Wayford St

19 (a) MAR 18 1942 (Date rec'd by registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/16 1942, at 11.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1942 to 3/16 1942
and that I last saw h[illegible] alive on 3/16 1942

Immediate cause of death Diabetic Coma — Duration 24 hrs
Due to Diabetes mellitus
Due to
Other Conditions Chronic alcoholism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. D. Donehoo
Address St Joseph's Hospital Date signed 3/16/42

VS 3

F 90300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

F 90300 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-16-1662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 12, 1900

8. AGE: Years	Months	Days	If less than one day
41	2	25	hr. min.

9. Birthplace Brooks S C (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Senr
13. Birthplace South Carolina

MOTHER
14. Maiden Name Margaret Cook
15. Birthplace South Carolina

16 (a) Informant Walter Johnson
(b) Address 602 S Paca St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 20 1942 (month) (day) (year)
(c) Cemetery or crematory Columbia S C
Location Richland County

18 (a) Funeral director Joseph A. Gorby
(b) [illegible] South Mount Street

19 (a) MAR 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 3-16 1942 and that I last saw h.e.r alive on 3-16 1942.

Immediate cause of death: Aneurysm Arch Aorta — Duration 6 Months

Due to Syphilitic Cardiac vascular disease.

Due to Emphysema atelectasis Left Lung.

Other Conditions: Probable Carcinoma Ovary (Include pregnancy within 3 months of death)

Date of operation

Major findings of ~~autopsy~~: Ruptured aneurysm arch Aorta. Emphysema Left Lung

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Tarumianz M. D.

Address University Hospital Date signed 3-16-42

VS 5

90301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90301

Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 N. Glover St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 507 S Madeira St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~~in this country~~ years

3 (a) FULL NAME Jozefa Smiglewski (or) Sophia Smiglewski

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband ~~or wife~~: Jacob Smiglewski
6 (c) If alive, ~~deceased~~ years

7. Birth date of deceased (mo., day, yr.) March 16-1879

8. AGE: Years 63 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace Poland

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace Poland

16 (a) Informant Stanislaw Smiglewski - WEIS
(b) Address 130 N Glover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S. Conn St.

19 (a) MAR 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1942, at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1942 to March 16 1942 and that I last saw h[illegible] alive on March 16 1942

Immediate cause of death: Cardiac Failure — Duration: 1-

Due to: Sclerosis — Duration: ?

Due to:

Other Conditions: Hypertension — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Leo F. Kerbaske, M. D.
Address 1765 Patterson Pk Ave Date signed March 19 1942

VS 2

F 90302
412400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

Registered No. F 90302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Joska
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Antonia Joska
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 3-19-68

8. AGE: Years	Months	Days	If less than one day
73	11	27	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Joska
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Frances Buconcka
15. Birthplace Czechoslovakia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 MAR 18 1942 Huntington Williams M.D.
(Date rec'd by registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 10 07 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1942 to March 16 1942 and that I last saw him alive on March 16 1942.

Immediate cause of death Pneumonia — Duration 4 days
Due to Abdominal-perineal Resection — 5 days
Due to Carcinoma of rectum
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation March 9
Major findings of operation: Carcinoma of rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark M. Ravitch M. D.
Address Johns Hopkins Hosp. Date signed 3-16-42

90303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

Registered No. E 90303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 N. Ellwood Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Puls

3 (b) If veteran, name war

3 (c) Social Security Account No. nnne

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles Puls Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1862

8. AGE: Years	Months	Days	If less than one day
79	10	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewfie at home
11. Industry or business

FATHER
12. Name Samuel Fowler
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Brown
15. Birthplace Balto, Md.

16 (a) Informant Charles Puls
(b) Address 146 N. Ellwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) MAR 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 1942. 6:35 M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/4 1940 to 3/15 1942.
and that I last saw h[illegible] alive on 3/14 1942

Immediate cause of death

	Duration
Tyfetamine Cardiorenal renal disease	?
Due to	
Due to	
Other Conditions Cerebral Embolism, Carcinoma of Rectum (Include pregnancy within 3 months of death)	3 weeks

Date of operation March 1941
Major findings of operation: Biopsy - Carcinoma
of autopsy: No

PHYSICIAN—Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alber J. Schorsky
Address 1939 N. Charles Date signed 3/16/42

VS 8

90304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

177

Registered No. K-90304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Krieg

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-07-1429

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace France (Town, county, and state)

10. Usual Occupation Port Watchman

11. Industry or business Steamship Trade Assn.

FATHER
12. Name Unknown
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace France

16 (a) Informant Port Watchman [illegible] Union
(b) Address 11 So. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19, 42 (month) (day) (year)
(c) Cemetery or crematory St. Pauls 5th. Ref.
Location 5600 Cardiff Ave.

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

(Date received) MAR 18 1942 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 7 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Gastro-enteritis with diarrhea	
Due to - food poisoning	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/15/42 at M
(c) Where did injury occur? 921 Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury drank canned milk

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/17/42

VS 6

F 90305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 90305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 N Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N Calvert St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret (Maggie) B Whary

3 (b) If veteran, name war: N

3 (c) Social Security Account No. [illegible]

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Geo H Whary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13. 1870

8. AGE: Years 71 | Months 10 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name Jacob Bischoff
13. Birthplace Md

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Md

16 (a) Informant Mrs T H Whary
(b) Address Lynbrook Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3.20.42 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Md
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1219 E Fort Ave

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MAR 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942; at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 17 1942 and that I last saw her alive on March 17 1942.

Immediate cause of death: Cerebral Hemorrhage (Apoplexy) — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny

Address 2200 E Madison St Date signed 3/18/42 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90306

CERTIFICATE OF DEATH

13B

F 90306

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1934 Orleans St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GILBERT C. FITCH

If U. S. Veteran specify WAR

(a) Residence: No. 1934 Orleans St. St. 6-4 Ward. Md & Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 8 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	1918	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A Fitch.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Marburger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Goldie McKnight

(Address) 1932 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date March 21 19 42

19. UNDERTAKER John Ulrich

(Address) 2402 Orleans St

20. FILED 19

Registrar.

MAR 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/ , 1942.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1939 to 3/18 1942.

I last saw h-- alive on 3/17/ 1942. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1939
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. A. Magee M. D.

(Address) 4482 W. Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

F 90307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. F 90307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 North Lakewood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK WILLIAM JAHNS

3 (b) If veteran, name war

3 (c) Social Security Account No. No number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Sallie Jahns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/1876

8. AGE: Years	Months	Days	If less than one day
66	1	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Insurance man.
11. Industry or business

FATHER
12. Name Fredk W Jahns
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Evers
15. Birthplace Germany

16 (a) Informant Mrs Sallie Jahns
(b) Address 414 N Lakewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director John Ellrich
(b) Address 2008 Orleans St

19 (a) MAR 19 1942 (b) Huntingtown Williams, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 3-17 1942 and that I last saw him alive on 3-17 1942.

Immediate cause of death Intussusception of Jejunum and Ileum — Duration

Due to Carcinoma of Jejunum

Due to

Other Conditions Chronic Congestive Heart Failure (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinoma of Jejunum with metastasis and Intussusception

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Vogel, Jr. M.D.
Address St. Joseph's. Date signed 3/17/42

F 90308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 90308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St - Linden Ave.
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Riviera Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glenwood Rd —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy T. Murphy

3 (b) If veteran, name war (c) Social Security Account No. 214-14-7661

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ethel M Murphy
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec 6 1887

8. AGE: Years	Months	Days	If less than one day
54	3	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Real estate
11. Industry or business Salesman

FATHER
12. Name John R Murphy
13. Birthplace Md

MOTHER
14. Maiden Name Martha H Noonan
15. Birthplace Md

16 (a) Informant Ethel Murphy
(b) Address Riviera Beach Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director John Ulrich
(b) Address 2007 Aliceanna

19 (a) MAR 19 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to 3-17 1942 and that I last saw him alive on 3-17 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Coffman M. D.
Address Md. General Hosp Date signed 3/17/42

F 90309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 S. Wolfe st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 S Wolfe st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Ellis

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Richard.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1857

8. AGE: Years 84 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Richard
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Shera Johnson
15. Birthplace Del. Wil.

16 (a) Informant Mrs. Lillian A. Beck
(b) Address 703 S. Wolfe st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory National Mem
Location Freyerack Road.

18 (a) Funeral director Stephen J. Calhoun & Sons
(b) Address 1000 S. Kenwood Ave

(c) [illegible] (b) Huntington Williams, M.D. Registrar

MAR 19 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 7 45 M

21. I certify that death occurred on the date above stated that I attended deceased from Jan. 10 1942 to March 16 1942 and that I last saw h[illegible] alive on March 16 1942.

Immediate cause of death: Coronary Thrombosis — Duration 24 hrs.
Due to: Coronary Heart Disease — ?
Due to: Coronary Arteriosclerosis — ?
Due to: Generalized Arteriosclerosis
Other Conditions

(Includes pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mark Sanglo M. D.
Address 2007 E Baltimore Date signed 3/20/42

F 90310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 90310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: 3615 Chestnut Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Sahers

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Annie E

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 76 Months Days If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER 12. Name Rici Sahers

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Hopper

15. Birthplace Md

16 (a) Informant Annie E. Sahers

(b) Address 1201 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19/42 (month) (day) (year)

(c) Cemetery or crematory, Western

Location Edmondson Ave.

18 (a) Funeral director Commonwealth & Donovan

(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 19 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 5 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said ? (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertension Cardiovascular Renal

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] M.D. (Medical Examiner)

Date signed 3/18/42

VS 6

90311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 F Registered F 90311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1379 Woodyear St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Johnson (Birth - 42022)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1942

8. AGE: Years	Months	Days	If less than one day
	2	14	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Richard Gantt
13. Birthplace Greensboro, N.C

MOTHER
14. Maiden Name Dorothy Johnson
15. Birthplace Baltimore Md

16 (a) Informant Dorothy Johnson
(b) Address 1379 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (Months) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs. M. Kelson
(b) Address 1393 Huntington Ave

19 MAR 10 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17 1942 at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6 1942 to Mar. 17 1942 and that I last saw h[illegible] alive on Mar. 17 1942.

Immediate cause of death	Duration
Congenital Syphilis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp. Date signed 3/18/42

VS 3

F 90312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312 Registered No. F 90312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N. Stricker
(If rural give R.F.D.)
(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Forrest
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Fem
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: James Forrest
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 25, 1904
8. AGE: Years 37 | Months 4 | Days 22 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Private Family

FATHER
12. Name Joseph Golden
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Hall
15. Birthplace Maryland

16 (a) Informant James Forrest
(b) Address 820 N. Stricker St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Geo. E. Nelson
(b) Address 1313 Pressman St.

MAR 19 1942 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1942, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4-1942, to 3-17-1942, and that I last saw her alive on 3-16-1942.

Immediate cause of death
Uremia
Due to Nephritis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 days
4 ~~mos~~ Wks
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M.D. Bando M. D.
Address 24 E. Lexington Ave. Date signed 3-19-42

VS 2

Roszyk

F 90313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Edgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs James J. Roszyk (Anna)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mrs James J Roszyk dec'd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1887

8. AGE: Years 54 5% | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Anton Chalone
13. Birthplace Austria

MOTHER
14. Maiden Name Katherine Bezik
15. Birthplace Austria

16 (a) Informant Mrs Lawrence Burkins
(b) Address Aberdeen, Md

17 (a) Burial (b) Date thereof 3/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Francis
Location Abingdon, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md

19 (a) 3/19/42 (b) Hamilton Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1942, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1942 to Mar 18 1942 and that I last saw he alive on Mar 17 1942.

	Duration
Immediate cause of death Cardiorespiratory failure	1 Min.
Due to Meningococcic meningitis	2 Days
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 3-18-42

VS 3

F 90314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 90314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Texas Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT WILLIAM GOSS

3 (b) If veteran, name war: PTE

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Hayden

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 24, 1885

8. AGE: Years 56 | Months 9 | Days 24 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Cement Worker

11. Industry or business:

FATHER
12. Name: James E. Goss
13. Birthplace: Charleston, South Carolina

MOTHER
14. Maiden Name: Mary A. Lucke
15. Birthplace: Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Rucker
(b) [illegible] Hanford Rd

19 (a) MAR 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1942, at 8:26 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1942 to March 18, 1942, and that I last saw him alive on March 18, 1942.

Immediate cause of death: Rheumatic heart disease with mitral stenosis — Duration: Unknown

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 3/18/42

VS 2

F 90315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. E 90315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 664 S. Pond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Crafton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1871

8. AGE: Years	Months	Days	If less than one day
71	0	12	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Hannah Lutz (d)
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 52 Hartford Rd

19 (a) MAR 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1942 at 7½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to 3-18 1942 and that I last saw h alive on 3-18 1942.

Immediate cause of death: Bronchopneumonia — Duration 7

Due to

Due to — over

Other Conditions Hypertension C.V. disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Co above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-18-42

VS 8

F 90316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58B

F 90316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5925 Bertram Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fager, Bernard C.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1934

8. AGE: Years	Months	Days	If less than one day
7	9	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Anna Fager
15. Birthplace Balto. Md

16 (a) Informant Mary Doby
(b) Address 5925 Bertram Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Brute
(b) Address 5305 Harford Rd.

MAR 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1942, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1942, to 3-18 1942, and that I last saw h.c.m. alive on 3-18 1942

Immediate cause of death Rheumatic Heart Dis.

Due to Mitral Stenosis and acute dilatation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Grauel Jr. M. D.
Address 4 Joseph St. Date signed 3-18-42

VS 8

F 90317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C Registered No. F 90317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1642 Gwyn Falls Pkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 Gwyn Falls Pkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Caplan

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-4620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business

FATHER
12. Name Isreal Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Caplan
15. Birthplace Russia

16 (a) Informant Rebecca Caplan
(b) Address 1642 Gwyn Falls Pkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/42 (month) (day) (year)
(c) Cemetery or crematory Herzug Lem
Location Ohel Yakov Cem.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E Balto St

MAR 19 1942 (b) Registered by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 12 M 30

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/1941, to 3/19/1942; and that I last saw he alive on 3/18/1942

Immediate cause of death	Duration
Rheumatic Heart Disease,	27 years
Due to Ch. Endocarditis,	Seeing
Due to Pulmonary Edema, Intermittent	Who
Other Conditions Dyspnea	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore N. Morrison M. D.
Address 11 E Chase St Date signed 3/19/42

VS 3

F 90318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 90318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Richetta

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife John
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James
13. Birthplace Baltimore

MOTHER
14. Maiden Name Priscilla Bailey
15. Birthplace Baltimore

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (b) Date thereof Mar. 20 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Gorsuch Ave

19 (a) [illegible] Registrar

MAR 19 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION 4.9 m.

20. DATE OF DEATH March 17 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 3- 1942, to Mch 17- 1942, and that I last saw her alive on Mch 16- 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 3/18/42

F 90319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

942

F 90319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 E. Lanvale St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 E. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael A. Schmidt

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie B. Saum Schmidt
6 (c) If alive, give age 57 years

7. Birth date of decessed (mo., day, yr.) July 8. 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61 yrs	8 mo	10		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?.
15. Birthplace Germany

16 (a) Informant Mrs. Annie B. Schmidt
(b) Address 1320 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 (month) (day) (year)
(c) Cemetery or crematory Morland Pk Cemetery
Location Taylor Ave W. of Hartford Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

MAR 19 1942 (Date filed by Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18th 1942, at 10:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942 to Mar 18 1942, and that I last saw [illegible] alive on Mar 18 1942.

Immediate cause of death: Coronary occlusion — Duration: 1 day
Due to: Bronchopneumonia — 2 mos
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Chas. H. Barnaby, M. D.
Address 1531 E North Ave Date signed 3/19/42

VS 3

F 90320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90320 Registered No. 834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 835 W. Lexington St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GENERAL LEE GARY

3 (b) If veteran, name war

3 (c) Social Security Account No. 239-22-1811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Otelia Gary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1905

8. AGE: Years	Months	Days	If less than one day
36	8	11	hr. min.

9. Birthplace Newberry, North Carolina (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Willie Gary
13. Birthplace Newberry N. Car.

MOTHER 14. Maiden Name Mattie Brown
15. Birthplace Newberry, N. Car.

16 (a) Informant Otelia Gary
(b) Address 835 W. Lexington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Gastonia
Location North Carolina

18 (a) Funeral director Mc Katie & Williams
(b) Address 322 N. Schroeder St.

19 MAR 19 1942 (Date rec'd by reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 12 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 3-16-42

VS 6

412492
F 90321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. F 90321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
City or town Mt. Ol — (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 Ledgt. Forest Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lee Lipscomb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-36

8. AGE: Years 5 | Months 9 | Days 19 21 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER 12. Name Charles Lipscomb
13. Birthplace Md.

MOTHER 14. Maiden Name Leona Watson
15. Birthplace Pa.

16 (a) Informant Friend
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Marie
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 MAR 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at 8:41 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1942 to 3-17- 1942, and that I last saw h[illegible] alive on 3-17- 1942.

Immediate cause of death: Acute Leukemia — Duration: about 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Fulcher M. D.
Address Johns Hopkins Date signed 3-18-42

VS 3

F 90322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 108

F 90322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Pasadena Post
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Henson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Pegee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace N.Y. N.Y.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Joseph Johnson
13. Birthplace P.R.

MOTHER
14. Maiden Name Mary Jeans
15. Birthplace Robbins Island

16 (a) Informant Christine Bowen
(b) Address 9 Henson St

17 (a) Burial (b) Date thereof Mar. 19, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director 1000 Brantly ave
(b) Address Thos. E. Wilson

19 (a) MAR 18 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 7 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8 1942 to March 16 1942 and that I last saw her alive on March 16 1942

Immediate cause of death Lobar Pneumonia — Duration 3 Weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckline M.D.
Address Pasadena Md. Date signed 3/18/42

VS 5

F 90323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90323

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto
(b) Street address 929 Leadenhall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 929 Leadenhall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Ballard

3 (b) If veteran, name war

3 (c) Social Security Account No. 240-10-0192

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C.	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Sunter S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Grant Ballard
13. Birthplace S.C.

MOTHER
14. Maiden Name Agnes Feldner
15. Birthplace S.C.

16 (a) Informant Hattie Jones
(b) Address 929 Leadenhall St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Mar Jun 3 20 42
(c) Cemetery or Crematory Location Bally

18 (a) Funeral director Hattie B. Jones
(b) Address 439 W. Hamburg St

19 MAR 10 1942 (Date received by Registrar) (b) Hunting for Witness, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10-1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13-1942 to March 19 42 and that I last saw him alive on March 10 19 42

Immediate cause of death — Duration

Acute Bronchial Pneumonia

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jenny C. Carper M. D.
Address 1016 E. Preston St Date signed 3-16-42

VS 1

F 90324 | BALTIMORE CITY HEALTH DEPARTMENT | F 90324

CERTIFICATE OF DEATH

94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Hohman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Mary Hallameyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.-20-1857

8. AGE: Years	Months	Days	If less than one day
84	3	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Mailman

11. Industry or business

FATHER
12. Name Peter Hohman
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace " " "

16 (a) Informant Mrs. Elizabeth Kresback
(b) Address 1837 N. Caroline St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March-21-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hook & Sons Inc
(b) Address 1301 E. Eager St.

MAR 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH March-18-1942 19 , 9.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1942 to 3/18 1942 and that I last saw h alive on 3/13/ 1942.

Immediate cause of death: Coronary thrombosis — Duration 1 day

Due to: Coronary sclerosis — 5 days

Due to: arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Albert Bowden

Address 1517 E. Northern Date signed 3/19/42

VS 3

F 90325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 V

F 90325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monumento & Rutland St.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Bank St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dominick Baldassare

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-09-5026

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of [redacted] wife Maria Grazia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1885

8. AGE: Years 55 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Giulianova- Teramo (Italy)
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Bernardo Baldassare
13. Birthplace Italy

MOTHER
14. Maiden Name Rachele ?
15. Birthplace Italy

16 (a) Informant Maria G. Baldassare (Wife)
(b) Address 1427 Bank St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 42 E. Morley St. Williamsport, Md.

19 (a) MAR 19 1942 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 at 10°5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to 3-17 1942 and that I last saw him alive on 3-17 1942

Immediate cause of death: Cardio-respiratory failure — Duration

Due to: Cerebral hemorrhage

Due to: Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Tolmage Cohen
Address Sinai Hosp. Date signed 3/17/42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90326 — CERTIFICATE OF DEATH — 92D — F 90326

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Fremont St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Tolver

If U.S. Veteran specify WAR

(a) Residence: No. 715 S. Fremont St. Ward. SS 216-10-1485

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-26-1903

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Trucking

10. Date deceased last worked at this occupation (month and year) 3/42

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Henry Tolver

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Berdella Morton

(Address) 715 S. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/20 19 42

19. UNDERTAKER Isaiah C Brown Son

(Address) 1618 Montgomery St

20. FILED MAR 19 1942 19 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1942 to 3/17 1942

I last saw him alive on 3/15 1942 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
- myocarditis	
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Bramble M. D.

(Address) 1114 W Lee St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 90327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

F 90327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Greenmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elva Foxwell Colton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife John Wellington Colton

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/7/1889

8. AGE: Years 52 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Somerfield H. Foxwell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida M. Massey
15. Birthplace Worcester Co., Md.

16 (a) Informant Mrs. Ida M. Foxwell
(b) Address 608 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore,

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Ave.

MAR 19 1942 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1942 at 10:00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral apoplexy

Due to: Hemorrhage

Due to:

Other Conditions: Dependent

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-18-42 at 7 A M
(c) Where did injury occur? 3912 Greenmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Inhalation, gas range.

23. Signature Howard J. Shadel M.D. Medical Examiner.

Date signed 3/18/42

VS 6

F 90328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. F 90328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Amanda Clementine Harman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widow

6 (b) Name of husband or wife G. M. Harman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1851

8. AGE: Years	Months	Days	If less than one day
90	7	22	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Owings
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Clementine Boyle
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Margaret A. Glascock
(b) Address 3400 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) Huntington Williams, M.D.

MAR 19 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to March 17 1942, and that I last saw her alive on March 17 1942.

Immediate cause of death — Duration

Myocardial insufficiency — 3 days
Due to
Arteriosclerosis — Few yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Lund
Address 2200 Guilford Ave. Date signed 3/18/42

F 90329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 90329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 246 N. Montford Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joseph Manack

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Katherine Manack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25-1867

8. AGE: Years	Months	Days	If less than one day
75	1	25	22 hr. min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Manack
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Charles Manack
(b) Address 246 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Co.

18 (a) Funeral director John J. Miller
(b) Address 2324 Jefferson St.
MAR 19 1942 (b) Huntington Baltimore, Md.
(Registrar's signature)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18th 1942, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15th 1942, to Mar. 18 1942, and that I last saw him alive on Mar. 18 1942.

Immediate cause of death Diabetic gangrene of rt. leg.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. B. E. Seager, Jr. M. D.
Address Bon Secours Hosp. Date signed

F 90330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-3

F 90330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Overlea Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elnora Gibbs Moore — Elnora Gibbs Moore

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife James E. Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1895

8. AGE: Years 47 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Dobbins Bowie North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant James Robert Moore
(b) Address 14 E. Overlea ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 20 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Taylor ave.

18 (a) Funeral director Medairy & Bagal
(b) Address 3110 Belair Rd

19 (a) MAR 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942 to 3-17 1942 and that I last saw her alive on 3-17 1942

Immediate cause of death: Gen. Peritonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-5-42

Major findings of operation: Fibroid Uterus - Apotecdis Involved

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. B. E. Seegar, Jr. M. D.
Address Bon Secours Hosp Date signed 3-17-42

VS 3

F 90331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 90331
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 N Fremont ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Conton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Douglas Conton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 46 | Months | Days | If less than one day hr min.

9. Birthplace Prince Geo. Co. — Va.
(City, county, and state)

10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name Willie Stewart
13. Birthplace Va

MOTHER 14. Maiden Name Roxanna Walker
15. Birthplace Va

16 (a) Informant Roxy Faulty
(b) Address 415 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Quinn
Location Mt. Wilson

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

MAR 19 1942 Registered by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1942 to March 16 1942.
and that I last saw h alive on 3/16 1942.

Immediate cause of death Myocarditis

Duration 4 Months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address 1924 Pennsylvania Ave Date signed 3/19/42

90332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 E. Old Town Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Morgan (Parish F-42878)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1942

8. AGE: Years | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

MOTHER / FATHER

12. Name Phillip Lee

13. Birthplace Balto., Md

14. Maiden Name Cedrina Morgan

15. Birthplace Virginia

16 (a) Informant Virginia Morgan

(b) Address 814 Old Town Road

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 16 1942

Location [illegible] Committal

18 (a) Funeral director

(b) Address Per M. A. Moore

19 (a) MAR 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

80383

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1942 at 10:23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 16 1942 to Mar. 16 1942 and that I last saw her alive on Mar. 16 1942

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions marasmus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lobar Pneumonia, [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ralph W. Reckling M. D.

Address Provident Date signed 3/18/42

90333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 90333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 Ridge Road, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hemler, Edward — Edward B. Hemler

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-9009

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: M. Genevieve Hemler

6 (c) If alive, give age: 35 years

7. Birth date of deceased mo., day, yr: August 20, 1904

8. AGE: Years 37 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace: Woodlawn, Md. (Town, county, and state)

10. Usual Occupation: Laborer-general gang

11. Industry or business: Schluderberg-Kurdle Co.

FATHER
12. Name: William J. Hemler
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Annie Thomey
15. Birthplace: Maryland

16 (a) Informant: Mrs. Genevieve Hemler
(b) Address: 28 Ridge Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 21, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: J. F. Corcoran
(b) Address: 1008 N. Baltimore St.

19 MAR 10 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1942, at 7.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4- 1942, to 3-18- 1942 and that I last saw h/ alive on 3-18- 1942.

Immediate cause of death: Uremia — Duration:

Due to: Bilat. infected hydronephrosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: by chart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John L. Horgan

Address 7 E. Preston St. Date signed 3-18-42

90334

JN 71941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90334 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town) 1519 W. Baltimore St.

(d) Street No. (If rural give location)

(e) Citizen of foreign country? If yes, name country (Yes or No)

3 (a) FULL NAME Mary Wild (Mary Valska Wild)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Wild

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. Jan. 30, 1865

8. AGE: Years 77 Months 1 Days 18 If less than one day hr. min

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation ? Housewife

11. Industry or business?

FATHER

12. Name Frank Pahr (d)

13. Birthplace ? ? Germany

MOTHER

14. Maiden Name Johanna ~~Xx~~ Kanus (d)

15. Birthplace ~~Poland~~ Germany

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Baltimore, Md.

18 (a) Funeral director H. Amorose

(b) Address ~~1005~~ W. Baltimore St.

19 (a) ~~MAR 19 1942~~ (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1942, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1942 to 3-18 1942, and that I last saw her alive on 3-18 1942.

Immediate cause of death

Decubitus ulcer
Antammosis

Due to Arterio-sclerotic Heart Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
years
months
days
yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) at M

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) (Place) While at work?

(e) Means of injury

23. Signature Donald Bolett M.D.

Address Balto City Hosp Date signed 3-18-42

Local & county Or Traffic Clerk Eastern Ave

E 90335 Harlan Eudon

SS 72568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 90335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Linthicum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Madeline

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July ? 1879

8. AGE: Years: 62 Months: 8 Days: 17 ? If less than one day: hr. min

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Engraver

11. Industry or business: City Hall

FATHER
12. Name: ~~Henry~~ — Wm. H Linthicum
13. Birthplace: Maryland

MOTHER
14. Maiden Name: ? Ellen E. Fowler
15. Birthplace: ? A. A. Co. Md

16 (a) Informant: B. C. H. records
(b) Address:

17 (a) (Burial, cremation, or removal) (b) Date thereof (Mo.) (Day) (Year)
(c) Cemetery or crematory: Loudon Pk
Location: Balto Md

18 (a) Funeral director: M. C. Lyer
(b) Address: 16 W. Mulberry

19 MAR 19 1942 Huntington Williams M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-17 1942 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to 3-17 1942 and that I last saw him alive on 3-17 1942.

Immediate cause of death — Duration

Carcinoma of Tongue — 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Donald Ratcliff M. D.
Address: Balto City Hosp Date signed: 3-18-42

VS 3

F 90336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C F 90336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4111 Wilke Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Wilke Ave. (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHRISTINA WIESAND

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John Wiesand
6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1862

8. AGE: Years: 80 | Months: 2 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Niederweimer, Kreis, Marburg Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name: Henry Gerbig - deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Wissebach - deceased
15. Birthplace: Germany

16 (a) Informant: Wm. J. Wiesand
(b) Address: 4111 Wilke Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 20. 1942 (month) (day) (year)
(c) Cemetery or crematory: St. Paul's 5th Ref. Ch. Cem.
Location: Baltimore Md. by P. Sander.

18 (a) Funeral director: HENRY SANDER & SONS. IN.
(b) Address: North Ave. & Broadway.

19 MAR 19 1942 (Date received by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17. 1942 19 6.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5th 1942. to Mar 17 1942. and that I last saw her alive on Mar 17th 1942.

Immediate cause of death	Duration
Cardiac dilation	12 hrs.
Due to Arteriosclerosis	Over 40 yrs
and Cardiac hypertrophy	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. L. Williamson M. D.
Address 5713 Bel Air Rd. Date signed 3-18-42

VS 3

90337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 90337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard Ellicott City
(c) City or town ~~Baltimore~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. MARYLAND AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle Teal

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Geo
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name Wm Patterson
13. Birthplace Md

MOTHER
14. Maiden Name Mercer
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 20 1942 (month) (day) (year)
(c) Cemetery or crematory GOOD SHEPHERD CEM.
Location Rockland Md.

18 (a) Funeral director Easton Stone
(b) Address Ellicott City Md.

19 MAR 19 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 16 1942 at 1100 P M

21. I certify that death occurred on the date above stated, that I attended deceased from MAR 16 1942 to MAR 16 1942 and that I last saw her alive on MAR 16 1942.

Immediate cause of death RESPIRATORY & CIRCULATORY FAILURE — Duration

Due to HYPERTENSIVE, ARTERIOSCLEROTIC, CARDIOVASCULAR-RENAL DISEASE — Duration

Due to LOBAR PNEUMONIA, LEFT — 2 day

Other Conditions Emphysema,

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce J. Tracy
Address Johns Hopkins Hosp. Date signed 3/17/42 M D.

VS 3

90338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Hilmor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
16-2
(d) Street No. 921 Hilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maria Garner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race D

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years 91 | Months | Days | If less than one day hr. min.

9. Birthplace St. Marys Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ella Pattison
(b) Address 921 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Lusby - Calvert Co. Md.

18 (a) Funeral director Pinkney E. Sewell
(b) Address Point Frederick - Md.

MAR 19 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1942, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 3-19 1942 and that I last saw he alive on 3-19 1942

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: ?

Due to: Arteriosclerosis — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Musgrave M. D.

Address 844 N. Carey St. Date signed 3-19-42

VS 3

90339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90339
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Harford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur E. Becker

3 (b) If veteran, name war: none —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Mary (Douglas)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/22/1876

8. AGE: Years	Months	Days	If less than one day
65 65	4	26 24	— hr. — — — min.

9. Birthplace: York Co. Pa. (Town, county, and state)

10. Usual Occupation: Retired - Balto. City

11. Industry or business: Highways Dept.

FATHER
12. Name: Franklin Becker
13. Birthplace: York Co. Pa.

MOTHER
14. Maiden Name: Mary Mason,
15. Birthplace: York Co. Pa.

16 (a) Informant: Wilbur J. Becker
(b) Address: 241-W. James St. Lancaster, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: George J. Ruth Inc.
(b) Address: 1735-Harford Ave.

MAR 19 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1942, at 11 30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-18-42

VS 6

F 90340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 90340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address WYMAN PARK DRIVE AND 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 Stamford Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

2 (a) FULL NAME WILLIAM NORMAN MILLS

3 (b) If veteran, name war WW

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn Routson

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Aug 10 1897

8. AGE: Years 44 Months 8 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation CHIEF EXAMINING ENGINEER

11. Industry or business BALTIMORE CITY

FATHER
12. Name Bernard Mills
13. Birthplace Westminster County, Maryland

MOTHER
14. Maiden Name Mary Shaw
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cemetery
Location Baltimore Md

18 (a) Funeral director J. Bernard Dyer
(b) Address 2324 N. Charles St

MAR 19 1942 (Date rec'd by registr.) (b) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1942, at 2:55a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12, 1942 to March 19 1942 and that I last saw h im alive on March 19, 1942.

Immediate cause of death: Coronary thrombosis — Duration: 3 weeks

Due to:

Due to:

Other Conditions: Cardiac disease, chronic myocarditis; Congestive heart failure
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Norman Mills M.D.

Address US Marine Hospital, Baltimore, Maryland Date signed 3/19/42

VS 8

90341

BALTIMORE CITY HEALTH DEPARTMENT 131-a

CERTIFICATE OF DEATH

Registered No. F 90341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat 7-5-17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cecilia M Kerwick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 1867

8. AGE: Years	Months	Days	If less than one day
74	11	17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Kieran J Kerwick
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A King
15. Birthplace Zanesville Ohio

16 (a) Informant Family Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director H. C. Browning
(b) Address 2924 Edmondson Ave

19 (a) MAR 19 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 2 1941, to March 19 1942, and that I last saw her alive on Mar. 19 1942.

Immediate cause of death Uremia — Duration 6 days.

Due to Cardio-Renal Disease. — 8 years.

Due to Malignant Arteriosclerosis.

Other Conditions Diabetes - 2 Cerebral Apoplexies — 8 years.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P. Magee M. D.
Address 23 W Fayette St Signed

VS 3

F 90342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90342 Registered No. 94-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 N. North Avenue (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Solomon

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Wh

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Scranton Pa (Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business

FATHER
12. Name Samuel Solomon
13. Birthplace Austria

MOTHER
14. Maiden Name Fanny Zellman
15. Birthplace Austria

16 (a) Informant Mrs F. E. Handy
(b) Address Emerson Apts

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)

(c) Cemetery or crematory
Location New York

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Signature of local registrar) (b) Huntington, W. Va.

MAR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19-1942, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16, 1942 to 3-19-1942, and that I last saw h[illegible] alive on 3-19-1942

Immediate cause of death — Duration

Cardiac failure [redacted]

Due to Constrictive pericarditis

Due to Lymphosarcoma - probably primary Lymphatic Leukemia

Other Conditions Profound anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Gibbs M. D.
Address University Hosp. Date signed 3-19-42

F 90343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90343 Registered No. 934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 N. McKean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits write RURAL and give town)
Street No. 1123 N McKean Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Schultz

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1882

8. AGE: Years 59 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name Henry Strouse
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susan Snack
15. Birthplace Balto. Md.

16 (a) Informant Charles Koehlerschmidt
(b) Address 1123 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (c) MAR 20 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1942, at 2 hours M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1942 to Mar 19 1942 and that I last saw h[illegible] alive on Mar 19 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration
Due to: Gangrene of small intestine
Due to: Tuberculosis of mesenteric glands
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Smith M. D.
Address 605 N. Howard St Date signed 3/20/42

VS 3

F 90344

F 90344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2451 N Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 2451 N Calvert
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr Claude De H. Wolfe

3 (b) If veteran, name war WW

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1890

8. AGE: Years 51 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace N. Ga
(Town, county, and state)

10. Usual Occupation Surgeon

11. Industry or business Self

FATHER
12. Name William H. Wolfe
13. Birthplace N. Ga

MOTHER
14. Maiden Name Margaret Simon
15. Birthplace Ga

16 (a) Informant Louise Wolfe
(b) Address 2451 N Calvert St

17 (a) Burial (b) Date thereof 3/21/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mouland Park
Location Balto Md

18 (a) Funeral director William Colby
(b) Address 1317 St Paul St

19 (a) Filed MAR 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to March 19 1942 and that I last saw deceased alive on March 19 1942

Immediate cause of death Coronary Thrombosis — Duration Several years

Due to Chronic myocarditis & hypertension — Duration many years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Nathaniel M. Beck

Address 2727 N. Charles Street Date signed March 19, 1942

Balto Md

VS 3

F 90345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-G Registered No. F 90345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6213 Burgess Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6230 Burgess Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie J. Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Eugene Thompson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 8th 1898
8. AGE: Years 43 | Months 9 | Days 10 | If less than one day: hr. min.
9. Birthplace: Balto. Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

MOTHER / FATHER
12. Name: Dr F. C. Humberg
13. Birthplace: N. Y.
14. Maiden Name: Lilly A. Hulbrstadt
15. Birthplace: England

16 (a) Informant: Eugene Thompson
(b) Address: 6213 Burgess Ave
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Parkwood
Location: 6213 Burgess Ave
18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St
MAR 20 1942 (Date received by registrar) (b) Huntington Wil... Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18th 1942 7:00 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to March 18 1942
and that I last saw h[er] alive on March 18 1942.

Immediate cause of death: Carcinomatosis - (Cachexia) — Duration: Jan 14/41
Due to: Carcinoma - Head of Pancreas — Jan 14/41
Due to: —
Other Conditions: Hypo cardiac failure.
(Include pregnancy within 3 months of death)
Date of operation: Jan 27-1941
Major findings of operation: - Carcinoma Head of pancreas
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lonie F. Krumeen M. D.
Address: 722 N. Calhoun St. Date signed 3/19/42

VS 3

F 90346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 90346 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: Baltimore, Maryland. U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM BURNS GREEN

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-16-4855

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Thelma Willicker

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) August 29, 1903

8. AGE: Years	Months	Days	If less than one day
38	6	19	hr. min.

9. Birthplace Alberton, Maryland (Town, county, and state)

10. Usual Occupation WATERTENDER

11. Industry or business

FATHER
12. Name George H. Green
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden Name Rebecca Jane McElvaney
15. Birthplace Howard County, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Good Sheppard Cem.
Location Rockland, Howard Co. Md.

18 (a) Funeral director Geo. L. Beyer Jr.
(b) Address 1512 Hollins St..

19 (c) Registrar Huntington Williams, M.D.

MAR 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1942 at 9:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1942 to March 18 1942, and that I last saw him alive on March 18, 1942.

Immediate cause of death	Duration
INFLUENZAL PNEUMONIA	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Wilson M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/19/42

F 90347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 90347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E. 25th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. 25th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Henry Lantry

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World	217-05-6019	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 23-1899
8. AGE: Years 42 | Months 7 | Days 25 | If less than one day hr. min.
9. Birthplace Brasher Falls New York (Town, county, and state)
10. Usual Occupation Foreman Electric Repair
11. Industry or business Gas & Electric Co.

FATHER
12. Name Henry Lantry
13. Birthplace New York

MOTHER
14. Maiden Name Margaret Murray
15. Birthplace New York

16 (a) Informant Bernard Charles Lantry
(b) Address 6107 Bertram Ave. Hamilton
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20-1942 (months) (day) (year)
(c) Cemetery or crematory Brasher Falls
Location Brasher Falls, New York
18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road
Huntington Williams M.D.

MAR 20 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1942 to 3/18 1942 and that I last saw him alive on 3/17 1942.

Immediate cause of death Myocardial insufficiency ?

Due to ?

Due to Systolic bl. pr. - 80.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton M. D.
Address 3963 Greenmount Ave. Date signed 3/19/42

VS 3

F 90348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 90348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Eutaw Place
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Eutaw Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Germ

3 (a) FULL NAME August Schiff

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Re Merchant
11. Industry or business

FATHER
12. Name Jacob S Schiff
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Sternberg
15. Birthplace Germany

16. (a) Informant Manfred J Schiff
(b) Address 2309 Eutaw Place

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location E. Balto pk

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto St

19 MAR 20 1942 Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 — 1942 at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15- 1942 to 3-19- 1942 and that I last saw him alive on 3-18- 1942

Immediate cause of death	Duration
Heart failure	
Due to Coronary embolism	
Due to Arteriosclerotic cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Weinberger M.D.
Address 912 Brooks Lane Date signed 3-19-1942

F 90349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue 828 E Baltimore St
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 E Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Morris Kaplan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-07-9231

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hilda Kalkalski

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Painter + Grocery Store

11. Industry or business

FATHER 12. Name Wolf Kaplan
13. Birthplace Russia

MOTHER 14. Maiden Name Frieda Kaplan
15. Birthplace Russia

16 (a) Informant Nathan Berman
(b) Address 4657 Sagola Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 3/20-42 (Month) (day) (year)
(c) Cemetery or crematory Adas Israel
Location Bet Camel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

MAR 20 1942 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 1:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Uremia Alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Anderson M.D. Medical Examiner.

Date signed 3/19/42

VS X

F 90350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-D F 90350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga at Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County HOWARD
(c) City or town HIGHLAND
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul G Rannie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Highland md. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Wm H Rannie

13. Birthplace md

MOTHER 14. Maiden Name Catherine A Feather

15. Birthplace md

16 (a) Informant Mrs L. Rannie

(b) Address Highland, md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)

(c) Cemetery or crematory St Louis

Location Clarksville md

18 (a) Funeral director H. Higginbotham

(b) Address Ellicott City md.

19 (Date rec'd by registrar) MAR 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1941 to March 18 1942, and that I last saw him alive on March 18 1942.

Immediate cause of death: Intestinal obstruction - parasites worms — Duration

Due to

Due to

Other Conditions Hemiplegia rt & aphasia Bronchopneumonia, bilateral

(Include pregnancy within 3 months of death)

Date of operation March 18 1942

Major findings of operation: Thickened appendix & adhesions

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Douglas Brown M. D.

Address Mercy Hospital Date signed 3-19-42

VS 2

F 90351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

F 90351

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1059 W Fayette St. (Ward) 18-2

Length of residence in city or town where death occurred 48 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME David E. Richardson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1059 W Fayette St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Josephine Anderson

6. DATE OF BIRTH (month, day, year) Dec 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52 yrs.	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Va

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howardsville Virginia

FATHER

13. NAME Willis Richardson

14. BIRTHPLACE (city or town) (State or country) Nelson Co. Va

MOTHER

15. MAIDEN NAME Sallie Johnson

16. BIRTHPLACE (city or town) (State or country) Albert Co. Va

17. INFORMANT Josephine Anderson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Howardsville Va Date May 22, 19 42

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E Lehmore Ave Huntington W Va

20. FILED MAR 20 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19 42 to May 19, 19 42

I last saw him alive on May 19, 19 42 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/19/42
Chronic Nephritis	?
Chronic Glomerular Disease	?
Other contributory causes of importance: Hypertension	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, what? ...

(Signed) Jas. L. Julian Jr. M. D.

(Address) 1434 E Baltimore St.

Instructions on back of certificate.

F 90352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George D. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Catherine Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Balto - Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Catherine Davis
(b) Address 309 N Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (a) MAR 20 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1942 at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D. Medical Examiner.
Date signed 3/17/42

VS 6

F 90353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 a Registered No. F 90353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 Shields Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Shields Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Hall

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	Widow

6 (b) Name of husband or wife [redacted] Chas. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22-1883

8. AGE: Years	Months	Days	If less than one day
58	2	29	hr. min.

9. Birthplace Broadneck A.A.Co. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Geo. W. Banes
13. Birthplace A.A.Co. Md.

MOTHER
14. Maiden Name Annie Stansbury
15. Birthplace A.A.Co. Md.

16 (a) Informant Nellie Hall
(b) Address 924 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)
(c) Cemetery or crematory Broadneck
Location A.A.Co.

18 (a) Funeral director Samuel W. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) [illegible] (b)
MAR 20 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased Mar 14 1942 to March 20 1942 and that I last saw h. alive on Mar 20 1942.

Immediate cause of death
Cerebral Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 4 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Huntington Williams M.D.
Address 1 W. Mt. Royal Ave Date signed 3-20-42

F 90354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 90354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolphus F. Bomhoff

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lola M. Bomhoff
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug. 15 1825

8. AGE: Years	Months	Days	If less than one day
63	7	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Edward Bomhoff
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carrie Berigtold
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lola M. Bomhoff
(b) Address 1418 Patapsco St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director William H. Marach
(b) Address 715 Eight Ave. Baltimore, Md.

19 (a) MAR 20 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 6.45

20. DATE OF DEATH March 19, 1942, at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 19 1942 and that I last saw h alive on March 17 1942.

Immediate cause of death Cardio-Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Rutherman M. D.
Address 2324 Reisterstown Rd. Date signed 3/19/42

VS 8

F 90355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 90355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution:
No. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks 24 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. Oakwood Rd (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sedalia Klohr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John H. Klohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1877

8. AGE: Years	Months	Days	If less than one day
64	6	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name John F Tibbels
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Fields
15. Birthplace Md

16 (a) Informant Mrs John H Klohr
(b) Address Oakwood Rd Glen Burnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memo Cemetery
Location Glen Burnie

18 (a) Funeral director William M Maneck
(b) Address 705 E 25th St Williams, M.D.

19 (a) Received by (Registrar) MAR 20 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 19 42 at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 19 42 to 3/18 19 42 and that I last saw h alive on 3/18 19 42.

Immediate cause of death	Duration
bronchopulmonary	
Due to probable carcinoma of lung.	
Due to	
Other Conditions cardiac metastasis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Allen M. D.
Address No. Balto St Glen Burnie Date signed 3/18/42

F 90356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 5th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 5th St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Asa Lowman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1875

8. AGE: Years	Months	Days	If less than one day
66	5	23 75	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Watchman, Unemployed
11. Industry or business

FATHER
12. Name Denton Lowman
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Meeks
15. Birthplace Md

16 (a) Informant Miss Grace Lowman
(b) Address 3600 5th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marech
(b) Address 315 Light St

MAR 20 1942 (Date rec'd by registrar) Huntington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1942, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942 to Mar 17 1942 and that I last saw him alive on March 17 1942.

Immediate cause of death. Duration
Hypostatic Pneumonia Chronic 2 days
Chronic Nephritis (Bronchial)
Due to Left Hemaplegia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Lucien M.D.
Address 320 Chatsworth Ave Date signed 3/19/42

VS 8

F 90357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-D

Registered No. F 90357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 S. Robinson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH SCHROEDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April 21, 1892

8. AGE: Years 49 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Canning Industry

FATHER
12. Name Kawrzyn Kaminski
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Augustyniak
15. Birthplace Poland

16 (a) Informant George Schroeder
(b) Address 608 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave.

19 MAR 20 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942 to March 17 1942 and that I last saw h[illegible] alive on March 16 1942

Immediate cause of death: Carcinoma of Rectum — Duration 4 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 10 1942

Major findings of operation: Carcinoma of Rectum

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged platitially.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Schumacher M. D.

Address 842 S. East Ave Date signed 3-[illegible]-42

VS 8

F 90358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1340 Andre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 Andre St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. Berwick

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-3078

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Margaret Berwick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1890

8. AGE: Years	Months	Days	If less than one day
51	7	13	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Ship Builder
11. Industry or business Bethlehem Steel

FATHER
12. Name Peter Berwick
13. Birthplace England

MOTHER
14. Maiden Name McCloy
15. Birthplace Ireland

16 (a) Informant Margaret Berwick
(b) Address 1340 Andre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md. Fingerboard Rd

18 (a) Funeral director Leonard A. Covington
(b) Address 2442 25th St.

MAR 20 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942, to March 18 1942, and that I last saw h alive on March 18 1942.

Immediate cause of death Myocardial degeneration — Duration about 1 yrs.
Due to Coronary Sclerosis — Duration about 1 yrs.
Due to
Other Conditions Cirrhosis of Liver — Duration about 1 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN over
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H G Moore M. D.
Address 16 Cathedral St. Date signed 3-20-42

F 90359
SS 72572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 90359
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 818 Pierce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Christian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Oliver Christian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 1895
8. AGE: Years 47 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Virginia (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Hampton, Va
Location

18 (a) Funeral director Mrs Lotus R. Williams
(b) Address 322 N Schroeder St

19 (a) Huntington Williams M.D.

MAR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942, at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942, to 3-17 1942, and that I last saw her alive on 3-17 1942

Immediate cause of death: Lobar pneumonia — Duration 2 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rawlings M. D.
Address Balto. City Hosp. Date signed 3-19-42

VS 8

F 90360 72597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

F 90360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Hampson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Skinner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1859

8. AGE: Years	Months	Days	If less than one day
83 ?			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. U. Nelson
(b) Address 1346 Preston

MAR 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to 3-17 1942 and that I last saw him alive on 3-17 1942

Immediate cause of death
Cardiac Failure
Due Carcinomatosis abdomen
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
?
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwala K Hebb M. D.
Address Balto City Hosp signed 3-18-42

VS 8

F 90361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 90361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2227 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

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3 (a) FULL NAME Grace Cecelia Scott. Birth F-45474

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10-1942

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace 2227 Druid Hill (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Scott.
13. Birthplace Latta S. C.

MOTHER
14. Maiden Name Atlanta Augusta Ballard
15. Birthplace Philadelphia Pa.

16 (a) Informant Atlanta Scott.
(b) Address 2227 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. E. Nelson
(b) Address 1302 Pleasant Ave

19 MAR 20 1942 (Date received) Huntingtown Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942, to March 17 1942, and that I last saw her alive on March 17 1942

Immediate cause of death: Premature 7½ to 8 mos.

Due to: Unknown

Due to: Hemophylia

Other Conditions: Profuse loss of blood after Cord came off. 3/16. 1942

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. N. Wright M.D.
Address 1209 Pleasant St Date signed 3/18/42

VS 3

F 90362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 90362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 N. Gilmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES HOWARD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 1851

8. AGE: Years	Months	Days	If less than one day
91			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Howard
13. Birthplace Md

MOTHER 14. Maiden Name Cecilia Moore
15. Birthplace Md

16 (a) Informant Estella Taylor
(b) Address 1122 N. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Longreen, Md
Location Md

18 (a) Funeral director Wm. G. Kelson
(b) Address 1303 Presstman St
(c) MAR 20 1942 (Date rec'd by registrar) (d) Huntington Wallenmeyer, M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 42 at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) do find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic	
Cardiovascular	
Due to Disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

Findings of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L. Wallenmeyer M.D.
Medical Examiner.
Date signed 3-19-42

4131 F 90363 × F 90363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Whittier St NW (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Selma Newman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-07

8. AGE: Years	Months	Days	If less than one day
34	7	-	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Rose

13. Birthplace Germany

MOTHER 14. Maiden Name Rachael Weinstein

15. Birthplace Germany

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)

(c) Cemetery or crematory Ft. Lincoln Cem. Co.

Location Wash. Bd. at Dist. Line

18 (a) Funeral director B. Damansky

(b) Address 3501 - 14th St. N.W.

19 MAR 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 6 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1942 to Mar 19 1942, and that I last saw her alive on Mar. 19 1942

Immediate cause of death	Duration
CARDIAC FAILURE WITH PULMONARY EDEMA	2 HRS
Due to SEVERE ANEMIA - Cause undetermined	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Swerdlow

Address Johns Hopkins Hospital Date signed 3/20/42 M. D.

VS 8

F 90364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 90364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans Sts
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 S. Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Anna Czekaj

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1874

8. AGE: Years	Months	Days	If less than one day
67 66	5	7	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name William Chrzanowski
13. Birthplace Poland

MOTHER 14. Maiden Name Catherine Kwotka
15. Birthplace Poland

16 (a) Informant Mrs. Frank Klaus
(b) Address 1109 S. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 407 S. Chester Street

19 MAR 20 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1942 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1942 to 3/19 1942 and that I last saw h[illegible] alive on 3/19 1942

Immediate cause of death Heart Failure — Duration

Due to Arteriosclerosis Ht Dis. — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Tompkins M.D.
Address St Joseph's Hospital Date signed 3/19/42

VS 3

F 90365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 90365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 S. Bouldin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 S. Bouldin Street (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Teofil Ernuth

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-0050

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Josefa
6 (c) If alive, give age 1881 years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Teofil Ernuth
13. Birthplace Poland

MOTHER
14. Maiden Name Sabina ---
15. Birthplace Poland

16 (a) Informant Mrs Josephine Ernuth
(b) Address 511 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 461 S. Chester Street

19 (a) Filed MAR 20 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 42 at 8 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 18 1942 and that I last saw him alive on March 18 1942

Immediate cause of death	Duration
Coronary Thrombosis	Week 1 7
Due to Chronic Myocarditis	1941
Due to Hypertensive Cardio-Vascular disease	1941
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Roarer M. D.
Address 801 E Lexington St Date signed 3-21-42

F 90366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-V

F 90366

Registered No.

RC(72334)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 750 Waesche Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Arthur Hawkins

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 216-09-3610

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1896

8. AGE: Years	Months	Days	If less than one day
45	6	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business J.C. Corcoran

FATHER
12. Name Frank Hawkins (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Casman(d)
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Calvary
Location Balto Md

18 (a) Funeral director Williams & Jackson
(b) Address 966 Penna ave
(c) MAR 20 1942 (Date rec'd by registrar) (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18 1942, at 8 56 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1942, to 3-18 1942, and that I last saw him alive on 3-18 1942.

Immediate cause of death: Hypertensive Cardio-Vascular. Renal Disease — Duration: ?

Due to

Due to

Other Conditions Bladder Calculus

(Include pregnancy within 3 months of death)

Date of operation 3-16-42

Major findings of operation: Bladder Calculus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Webb

Address Balto City Hosp Date signed 3-18-42

VS 8

F 90367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Madison Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) January 7 1883

8. AGE: Years	Months	Days	If less than one day
65	3 m	8 d	hr. min.

9. Birthplace Washington, D.C. (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Sarah
15. Birthplace ? ?

16 (a) Informant Sadie M. Aspin
(b) Address 1704 Madison Avenue

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 3-20-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) MAR 20 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1942, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Spontaneous
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Thalheimer M.D.
Medical Examiner.
Date signed 3-15-42

VS 6

F 90368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No. F 90368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1934 CHESAPEAKE AVE.
(c) Hospital or institution: Went Balto. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 Chesapeake Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Hasse

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 192-05-4506

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: GERTRUDE HASSE

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MAY 29 1913

8. AGE: Years	Months	Days	If less than one day
27	9	18	____ hr. ____ min.

9. Birthplace BALTO., MD. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business FAIRFIELD SHIP YARD

FATHER
12. Name OTTO HASSE
13. Birthplace GERMANY

MOTHER
14. Maiden Name MAMIE SPENCER
15. Birthplace PENNA.

16 (a) Informant MAMIE HASSE (MOTHER)
(b) Address 1934 CHESAPEAKE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 23/42 (month) (day) (year)

(c) Cemetery or crematory HOLY CROSS
Location ANNAPOLIS BLVD.

18 (a) Funeral director Lilly & Feiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) MAR 20, 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1942 to 3/18 1942 and that I last saw h[illegible] alive on 3/18 1942

Immediate cause of death: Congestive heart failure — Duration: 1 week

Due to: Rheumatic heart dis. — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott M.D.
Address W. B. G. H. Date signed 3/19/42

VS 8

F 90369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 90369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Hudson st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL FOX (Birth F-41958)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	M	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1942

8. AGE: Years	Months	Days	If less than one day
	2	17	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name WILLIAM FOX.
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH GEILERT
15. Birthplace A.A.CO.

16 (a) Informant WILLIAM FOX (FATHER)
(b) Address 3802 HUDSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 21/42 (month) (day) (year)
(c) Cemetery or crematory ST. MATHEW
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

MAR 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 8:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to primary	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)
Date of operation hs
Major findings of operation:
of autopsy: hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 3-19-42

VS 6

F 90370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 90370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Westfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2701 Westfield Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie R. Dorrett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles A. Dorrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 1882

8. AGE: Years 59 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Wambach
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Chas. A. Dorrett
(b) Address 2701 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 21 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herring Sons
Address 2024 Orleans St

19 (a) MAR 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18 1942, at 1 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1942 to Mar 18 1942 and that I last saw her alive on Mar 18 1942

Immediate cause of death Chronic myocarditis — Duration 3 yrs (history)

Due to Arteriosclerosis

Due to

Other Conditions Severe chronic secondary anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold M. D.
Address 4706 Harford Rd Date signed 3/19/42

VS 8

90371 1 OF 1 71548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 90371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 E. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Masjulis (MASJULIS)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife Anne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1898

8. AGE: Years	Months	Days	If less than one day
43	9	8	hr. min.

9. Birthplace Latvia (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Latvia

MOTHER
14. Maiden Name Anne Gayel
15. Birthplace Latvia

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore
18 (a) Funeral director Philip Henri's Son
(b) Address 2024 Eastern Ave
19 (a) MAR 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address Balto. City Hosp. Date signed 3-19-42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1942, at 3 54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1942 to 3-19 1942 and that I last saw h~~e~~ alive on 3-19 1942

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Cerebral embolism	2 mos.
Due to Rheumatic H.D.	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard S. Rathbun

F 90372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 90372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Mt. Vernon Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Devries Goodwin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14 1877
8. AGE: Years 64 Months 7 Days 6 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Oil Business
11. Industry or business

FATHER
12. Name Charles Ridgely Goodwin
13. Birthplace Georgia

MOTHER
14. Maiden Name Isabel Devries
15. Birthplace Baltimore

16 (a) Informant Mrs. George L. Riggin
(b) Address 10 E. Mt. Vernon Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Gallagher Forest

18 (a) Funeral director Henry McKelvey & Sons
(b) Address Orchard & McCollough Sts.

19 (a) MAR 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942 to Mar 20 1942 and that I last saw h/her alive on Mar 20 1942.

Immediate cause of death: Acute cardiac dilatation — Duration: years

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Mem. Hosp. Date signed Mar 20 1942

VS 2

F 90373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Thames St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAUL HANSEN

3 (b) If veteran, name war: no.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/98

8. AGE: Years	Months	Days	If less than one day
49	2	24	hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name Anthony Hansen
13. Birthplace Norway

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant A. Lindwood,
(b) Address 1600 Thames Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location O'Donnell Street

18 (a) Funeral director C. Schumacher
(b) Address 2601 E. Madison St.

MAR 20 1942 Huntington Williams Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I. find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Pneumonia, lobar

Due to: Chronic alcoholism

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmaier M.D. Medical Examiner.
Date signed 3-19-42

VS 6

F 90374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/61

Registered No. F 90374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 McKean Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ARTHUR W. REEVES

3 (b) If veteran, name war: W.W.

3 (c) Social Security Account No. 218-01-[illegible]

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1891

8. AGE: Years 50 | Months [illegible] | Days 8 | If less than one day: hr. min.

9. Birthplace Rhode Island (Town, county, and state)

10. Usual Occupation Stable man

11. Industry or business

FATHER
12. Name Alick Reeves
13. Birthplace England

MOTHER
14. Maiden Name Albertina Johnson
15. Birthplace Sweeden

16 (a) Informant Mrs. Alick Reeves
(b) Address 1620 Mc Keans Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat. Cemetery
Location Frederick Road.

18 (a) Funeral director Walter Mary
(b) Address 619 N. Broadway
(c) Huntington Williams, M.D.

MAR 20 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 10 40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Diabetes mellitus — Duration

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 3-19-42

VS 6

F 90375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 cF 90375
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Schuster St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (ELLICOTT — GRAHAS) Alexander Graham

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Charleston, S.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ida Mitchell
(b) Address 817 N. Shuter St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/21/42 (month) (day) (year)
(c) Cemetery or crematory W. Calvary
Location

18 (a) Funeral director Leroy Wilson
(b) Address 1100 Brantley Ave

MAR 20 1942
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — **Duration**

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/S
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 19 1942 at 10 50 P.M.
(c) Where did injury occur? Broadway & Madison
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work?
(Specific type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. W. Allen M.D.
Medical Examiner.

Date signed 3-19-42

VS 6

F 90376 F 90376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Pennsylvania ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Pennsylvania (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Demeil

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

MOTHER | FATHER

12. Name George Knight

13. Birthplace N. C.

14. Maiden Name Isabella T.

15. Birthplace

16 (a) Informant Pearl Evans

(b) Address 1004 Pennsylvania ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Mar 21 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Suffolk Va

18 (a) Funeral director Thos Wilson

(b) Address 1000 Bentley ave

19 (a) Filed MAR 20 1942 (b) Huntington Williamsburg, Md

VS 3

Huntington Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18 1942 at 5:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1942 to Mar 15 1942 and that I last saw him alive on March 16 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 3 Dy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 75 [illegible] Date signed 3/20/42

F 90377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 90372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10-1

3 (a) FULL NAME Joseph Schisler (Schneider)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Germany

MOTHER
14. Maiden Name Crescentia Branche
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 21. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Reid Wiedefeld
(b) Address 914 Greenmount Ave

19 MAR 20 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION 10. 45 p.

20. DATE OF DEATH March 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1942 to Mch 18 1942 and that I last saw he alive on Mch. 17 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall
Address 1631 E North Ave Date signed M. 3 D. 19/42

VS 3

F 90378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 90378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 E. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinette Sadowski (or Theresa Sadowski)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	(or Unknown if necessary) Married

6 (b) Name of husband John Sadowski

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 1890

8. AGE: Years	Months	Days	If less than one day
51	9	-	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Bertha Baccala (Daughter)
(b) Address 1734 E. Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S Ann st

MAR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at 3:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to Multiple lacerations + wounds	
Due to wounds of head.	
Fractured wounds of neck.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-17-42 at 10 A M
(c) Where did injury occur? 1724 E. Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Claw hammer + knife BUTCHER KNIFE

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-18-42

(Coroner)

VS 6

72070 F 90379 BALTIMORE CITY HEALTH DEPARTMENT ✓ F 90379

CERTIFICATE OF DEATH 13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 6 3017 Herbert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clyde Dilliard 72070 ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-9309

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1909

8. AGE: Years	Months	Days	If less than one day
32	7	23	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation group leader
11. Industry or business

FATHER
12. Name Thomas Dilliard
13. Birthplace Texas

MOTHER
14. Maiden Name Mollie Crain
15. Birthplace Tenn.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 21 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Chas O McCafferty Co
(b) Address 1900 Eastern Ave.

3 20 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 1942, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1942, to Mar. 19 1942, and that I last saw him alive on Mar. 19 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 3-20-42

VS 3

F 90380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F Registered No. F 90380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 E. 20th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 E. 20th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura M. Glady

3 (b) If veteran, name war -----
3 (c) Social Security Account No. none -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John H. Glady
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
83 82	-	-	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Wesley
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella E. Richardson
15. Birthplace Maryland

16 (a) Informant Mrs. J.M.Houck
(b) Address 506 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location

18 (a) Funeral director Mary J. M. Kirkpatrick
(b) Address 503 E. 22nd Street

19 MAR 20 1942 (Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4th. 1942. to Mar. 17th. 1942. and that I last saw her alive on Mar. 17th. 1942.

Immediate cause of death Myocardial Insufficiency — Duration about 3 yrs.
Due to -------
Due to
Other Conditions Endocarditis — unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos W Montgomery M.D.
Address 401 E. 25th. St. Date signed 3/20/42.

F 90381 0772341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ weeks
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street address 2145 Kirk Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Margaret Klein

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ~
6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1866

8. AGE: Years	Months	Days	If less than one day
76	0	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation (old age pension)
11. Industry or business None

FATHER
12. Name George Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Meyer
15. Birthplace Germany

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Edmondson Ave & Old Frd'k Rd.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (R. F. Mowen Sec.) 108 W. Lafayette Ave. Huntington Indiana M.P.

MAR 20 1942 (b) Registrar
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1942, at 1 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942 to 3-19 1942 and that I last saw her alive on 3-19 1942.

Immediate cause of death: Arteriosclerotic Ht. Disease — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-19-42

VS 3

90382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 90382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynor
(c) Hospital or institution:
WBGH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 E Preston st
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Cooper Birth F-45876

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/42

8. AGE: Years	Months	Days	If less than one day
			hr. 7 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Willard Herman Cooper
13. Birthplace Superior, Alabama

MOTHER
14. Maiden Name Emilie Jean Glickman
15. Birthplace Brooklyn, New York

16 (a) Informant Mrs. Emilie Cooper
(b) Address 3 E. Preston Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 20 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 MAR 20 1942 (b) Huntington Williams, M.D.
(Date filed by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942, at 8 51 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1942 to 3/18 1942, and that I last saw h.[illegible] alive on 3/18 1942.

Immediate cause of death
Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Pierson M. Checket, M.D.
Address WBGN Date signed 3/19/42

VS 8

8042

F 90383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 90383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

12-1

3 (a) FULL NAME Ernest M. Beck, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-10-8704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Maud Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1881

8. AGE: Years	Months	Days	If less than one day
60	5	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bottler
11. Industry or business American Brewing Co.

FATHER
12. Name Ernest M. Beck, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Redd
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Maud Beck
(b) Address 1411 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 24 42 (mo.) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Geo. M. Leyendecker
(b) Address 5 E N Eutaw St
MAR 20 1942 Interred in Holy Redeemer
(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4/ 1941 to 3/19/42 and that I last saw him alive on 3/19/ 1942.

Immediate cause of death General and cerebral arterio sclerosis — Duration 1 yr.

Due to

Due to

Other Conditions Chronic myocarditis. — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St Date signed 3/20/42

VS 2

90384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a F 90384

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Woodlawn Road (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Reinhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia Sauer Reinhart

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): January 31 1877

8. AGE: Years 65 Months 1 Days 19 If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Banker

11. Industry or business

FATHER
12. Name: Philip Reinhart
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Killian
15. Birthplace: Maryland

16 (a) Informant: Mrs. Virginia (John) Reinhart
(b) Address: 300 Woodlawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick & Loudon Avenues

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 MAR 20 1942 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 12:29 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1942 to March 19 1942, and that I last saw him alive on March 18 1942.

Immediate cause of death: Hemotamponade — Duration: 5 minutes

Due to: Carcinoma of subdiaphragm — Duration: 6 months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: March 16, 1942

Major findings of operation: Carcinoma of esophagus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. K. Clifford M. D.

Address: Union Mem. Hosp. Date signed: 3/19/42

90385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dr. 5
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore FAIRLAWN (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Rita Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Schen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 14 1878

8. AGE: Years	Months	Days	If less than one day
63	10	6	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Young
13. Birthplace Penna

MOTHER
14. Maiden Name Rebecca Cleaver
15. Birthplace Penna

16 (a) Informant Self Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery Mechanics
Location Philadelphia

18 (a) Funeral director H. Wormans & Son
(b) Address 205 N. Calvert St.

MAR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/42 19 , at 7:18 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8/42 19 , to 3/20/ 1942, and that I last saw h[illegible] alive on 3/20 1942.

Immediate cause of death Cardiac decompensation
Hypertensive cardio-vascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address The Jay Hosp Date signed 3/21/42 M.D.

VS 2

N 90386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 90386

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 Valley St
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry C. Ostendorf

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Ostendorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1865

8. AGE: Years	Months	Days	If less than one day
76	11	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Proprietor
11. Industry or business Pet Shop

FATHER
12. Name Clement Ostendorf
13. Birthplace Balto Md

MOTHER
14. Maiden Name Madeline Shaffer
15. Birthplace Balto Md

16 (a) Informant Little Sisters of the Poor
(b) Address 200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 6217 St Paul St

FEB 21 1942 (Date received by Registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942, to March 20 1942, and that I last saw him alive on March 19 1942.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	5 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M.D.
Address 1631 E North Ave Date signed 2-

VS 8

90387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 Desmony Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Desmony Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERALD Woodcraft SMOOT

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced
M	W	Widowed

6 (b) Name of husband or wife Verdrida A. B. Smoot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 3 1866

8. AGE: Years	Months	Days	If less than one day
76 76	2	13	hr. min.

9. Birthplace Charles County Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Baltimore Custom House

FATHER
12. Name Andrew J. Smoot
13. Birthplace Charles County Md.

MOTHER
14. Maiden Name Maria Wood Craft
15. Birthplace Charles County Md

16 (a) Informant Craig Wood Smoot
(b) Address 3803 Keswick Road

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory Williamsport Mary Church Cemetery
Location Waynesboro Charles Co. Md.

18 (a) Funeral director Wallace Cook
(b) Address Chas. St. Park St.

19 (a) MAR 21 1942 (b) Huntington Williamsport Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 3P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) to find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
cerebral embolism	
Due to Senility	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner
Date signed 3-18-42

VS 6

90388 HEALTH DEPARTMENT—CITY OF BALTIMORE 90388

CERTIFICATE OF DEATH

Social Security #219-01-4809

1. PLACE OF DEATH

Registered No. 25-a

CITY OF BALTIMORE: (No.) 763 Ramsay St. (Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. McIntyre

If U. S. Veteran specify WAR

(a) Residence: No. 763 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. McIntyre

6. DATE OF BIRTH (month, day, year) July 13th 1886

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sculley Steel Products

10. Date deceased last worked at this occupation (month and year) 3/9/42

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William E. McIntyre

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Joyner

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. McIntyre
(Address) 763 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 23, 1942

19. UNDERTAKER Bernard E. Hayle
(Address) 121 E West St

MAR 21 1942

19 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20th 1942

22. I HEREBY CERTIFY, That I attended deceased from March 9th 1942 to March 20 1942

I last saw him alive on March 19th 1942. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Feb 20 1942

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Harry F. Cate. M. D.

(Address) 517 South St

F 90389

FERRARI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. F 90389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Montebello Terrace (If rural give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Helen Ferrari

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Edward Ferrari
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1890

8. AGE: Years	Months	Days	If less than one day
52	2	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Struus
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Cullum
15. Birthplace Baltimore

16 (a) Informant Self
(b) Address 2914 Montebello

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

19 (Date received) MAR 21 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/42 19 at 9 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3/42 19 to 3/19/42 19, and that I last saw her alive on 3/19/42 19

Immediate cause of death	Duration
Cerebral haemorrhage	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Struus
Address Mercy Hosp Date signed 3/19/42

VS 8

F 99390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 Mc Henry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Mc Henry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth E Sauerhoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife Robert F
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1875

8. AGE: Years	Months	Days	If less than one day
67	0	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name William Covell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jennie Macey
15. Birthplace Baltimore Md.

16 (a) Informant Mrs E. C. Sauerhoff
(b) Address 724 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Longwood & Edmondson

18 (a) Funeral director John J. Coyne & Son
(b) Address 901 Hollins St.

MAR 21 1942 (b) Huntington Williams, M.D. Address 679 Washington Blvd

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 7.16 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21-42 19 to 3-19 1942
and that I last saw her alive on 3-19 19 42

Immediate cause of death Bronchopneumonia
Due to Left Hemiplegia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 da
2 mos
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph R. Lawrence, M. D.
Date signed 3/21/42

F 90391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 90391 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Fernhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Fernhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

28

3 (a) FULL NAME Katherine Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Adam Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1864

8. AGE: Years	Months	Days	If less than one day
77	7	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Peter Silber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Anna A Schmidt
(b) Address 4307 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Henry H. Annacker
(b) Address 4204 Ridgewood Ave

MAR 21 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942, to Mar 20 1942, and that I last saw h[illegible] alive on Mar 20 1942.

Immediate cause of death	Duration
Hemiplegia Left.	7 weeks
Due to Arterio Sclerosis	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Warner M. D.
Address 4604 Garrison Blvd Date signed 3-21-42

VS 3

F 90392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a Registered No. F 90392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Frances Perin

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widowed

6 (b) Name of husband or wife John Oliver Perin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1860

8. AGE: Years	Months	Days	If less than one day
82	1	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Burkins
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Elizabeth Yealdhall
15. Birthplace Md.

16 (a) Informant Mrs. Olivia M. Betton
(b) Address 2111 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director WILLIAM J. TICEMER & SONS
(b) Address North & Pa. Aves.

MAR 21 1942

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1942, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to March 19 1942, and that I last saw her alive on Feb 18 1942

Immediate cause of death	Duration
Cachexia (Gunshot)	0 yrs
Streptococcus	?
Due to Starvation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1937 - Cancer
Major findings of operation: Malignancy
Cancer
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Boyd Young, M.D.
Address 2 W. Read St Date signed March 20 1942

VS 3

F 90393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91-A

F 90393 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Hugo Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sherrill, James

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-5767

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Evelyn Sherrill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name John Sherrill
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Ervin
15. Birthplace N. C.

16 (a) Informant Wife
(b) Address 2728 Hugo Avenue -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Baltimore Md

18 (a) Funeral director William J. Tickner & Co.
(b) Address North & Pa. Aves.

AR 21 1942 Hunting ton Williams M.D. Registrar
(Deputy City Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 20 1942 and that I last saw h. alive on March 19 1942.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	
Due to Embolic phenomena	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 3-20-42

VS 3

F 90394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90394

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Baker St. St. 151 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Phyllis Chandler

(a) Residence: No. 632 Baker St. St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert Chandler

6. DATE OF BIRTH (month, day, year): Aug. 2, 1884

7. AGE: Years 57; Months 7; Days 18; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Danville, Va.

FATHER

13. NAME: John Erbie

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Robert Chandler

(Address) 632 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Kim. Date Mar 23 19 42

19. UNDERTAKER J. J. Brooks

(Address) 1423 N. Carey St.

MAR 21 1942 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-20-, 1942

22. I HEREBY CERTIFY, That I attended deceased from 12-27-41, 19__ to 3-28-42, 19__

I last saw her alive on 3-19-42, 19__ Death is said to have occurred on the date stated above, at 930 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal-Vascular Disease

Date of onset
about Oct. 1941

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) George C. Ober

(Address) 1616 N. Monument St.

F 90395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 170-c

Registered No. F 90395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 E Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Tuttle over

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1857

8. AGE: Years	Months	Days	If less than one day
85	2		hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Tuttle
13. Birthplace Md

MOTHER
14. Maiden Name Rebeca Ball
15. Birthplace Md

16 (a) Informant Mr. A. Tuttle
(b) Address 721 E 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21st 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Leo G. Lasoke
(b) Address 1701-03 N Pratt Park Ave

19 MAR 21 1942 (Huntington Williams MD)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 2 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ? ?? find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Generalized arteriosclerosis
Atrophy of brain;
Due to Scarring of myocardium

Due to

Other Conditions Fracture of R hip
Colon + Pulmonal
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
a:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 22 1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3/4/42 at 8 00 AM
(c) Where did injury occur? Montgomery + Light St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - auto

23. Signature Wm Wade Zentz M.D. Medical Examiner.
Date signed 3/20/42

VS 6

F 90396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 ✓ Registered No. F 90396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Morris ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Tilda H. Johnson or Matilda H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore md. (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Emanuel Wayne
13. Birthplace va.

MOTHER
14. Maiden Name Annie
15. Birthplace Balto

16 (a) Informant George A. Johnson
(b) Address 1021 Morris ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

MAR 21 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1942, to Mar. 19 1942, and that I last saw h.s.r. alive on Mar. 17 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Malignant Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Redding
Address Provident Hosp. Date signed 3/19/42

VS 3

F 90397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 90397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 Woodyear St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Woodyear St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES RUSSEL GRANT

3 (b) If veteran, name war

3 (c) Social Security Account No. 2-18-04-5759

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1916

8. AGE: Years	Months	Days	If less than one day
26	2	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert M. Grant

13. Birthplace West Va.

MOTHER 14. Maiden Name Clara Spriggs

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. C. S. Burke

(b) Address 1820 Calif St. Washington D.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 21 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location West Front

18 (a) Funeral director Adolphus Hohstadt

(b) Address 918 Bond St Balto.

MAR 21 1942 Huntington Williams M.D. Registrar

(Date filed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942 at 7P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumococcal meningitis

Due to: Pneumonia, lobar right

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Williams M.D. Medical Examiner.

Date signed 3-19-42

VS 4

F 90398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

F 90398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Mosher St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1624 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emily Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Thomas Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8. 1862

8. AGE: Years	Months	Days	If less than one day
79	4	11	hr. min.

9. Birthplace West Bowers, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Taylor
(b) Address 824 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Grow
Location Baltimore

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

MAR 21 1942 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19-42 19 at 10.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942 to Mch 19 1942
and that I last saw her alive on 3/12 19 42

Immediate cause of death: Pulmonary Oedema — Duration 2 days
Due to: Coronary Failure — 10 days
Due to: Interstitial Nephritis — 6 mos.
Other Conditions: Age.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Wright M. D.
Address 1209 Pennsylvania Ave. Date signed 3/20.42

VS 8

F 90399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90399

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E. Center Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Arthur Clifford

3 (b) If veteran, name war

3 (c) Social Security Account No. 105-14-0925

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mrs Gertrude Clifford
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) April 2, 1905

8. AGE: Years	Months	Days	If less than one day
37	11	11	hr. min.

9. Birthplace New York, N Y (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Bethlehem Shipbuilding Co

FATHER
12. Name William Clifford
13. Birthplace New York, New York

MOTHER
14. Maiden Name Ella Warner
15. Birthplace New York New York

16 (a) Informant Mrs Gertrude Clifford
(b) Address 15 E Center St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3800 Frederick Rd

18 (a) Funeral director Harry H. Kibbe
(b) Address 410 N Carrollton Ave

19 MAR 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1942 to March 18 1942, and that I last saw him alive on March 18 1942.

Immediate cause of death	Duration
Septicemia - Pneumococcus Type 25	4 days
Due to Lobar pneumonia - Pneumococcus Type 25	10 days
Due to	
Other Conditions Pneumococcus Meningitis - Pneumococcus Type 25 (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy Lobar pneumonia, Meningitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M Cullen Jr M. D.
Address Church Home + Infirmary Date signed 3-18-42

VS 3

F 90400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

Registered No. F 90400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Calhoun St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 1115 N Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Flowers

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-7201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1897

8. AGE: Years	Months	Days	If less than one day
44	11	14	hr. min.

9. Birthplace Beaufort S.C. (Town, county, and state)

10. Usual Occupation laundress

11. Industry or business

FATHER 12. Name Jack Flowers
13. Birthplace S.C.

MOTHER 14. Maiden Name Peggy Green
15. Birthplace S.C.

16 (a) Informant Louise Johnson
(b) Address 1115 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St Huntingtown Maryland

MAR 21 1942 (Date Rec'd by Local Reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1942, at 7:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Uremia — Carcinoma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Holland M.D.
Medical Examiner.
Date signed 3/15/42

VS 6

413033
F 90401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 90401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 Spring Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Lyons

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Charlie
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.): 1878
8. AGE: Years 63 | Months | Days | If less than one day: hr. min.
9. Birthplace: Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Fowlkes
13. Birthplace Va

MOTHER
14. Maiden Name Gracie Bland
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location G.C County Md

18 (a) Funeral director Mrs R A Ellis & Dgt.
(b) Address 1129 N. Carolina

MAR 21 1942 (Date filed by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18- 1942 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16- 1942 to 3-18- 1942 and that I last saw her alive on 3-18- 1942.

Immediate cause of death: Probable thrombosis of cerebral blood vessel
Due to
Due to: Hypertensive vascular disease & arteriosclerosis
Other Conditions

Duration

over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank L. Meier M. D.
Address J. H. Hospital Date signed 3-18-42

VS 1

F 90402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 90402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 N. Kenwood Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Mary A. Pawlowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	W.

6 (b) Name of husband or wife John A.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
About 93			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Constance Szablocki
(b) Address 114 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Trappe Rd.

18 (a) Funeral director Wm. S. Frankowski
(b) Address 2007 Eastern Ave.

19 (d) MAR 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1942 19 , at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1942 to March 20, 1942, and that I last saw her alive on March 20, 1942

Immediate cause of death	Duration
Acute Myocardial Failure	5 hours
Due to Broncho Pneumonia	3 days
Bronchitis	2 weeks
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip Antigiani M. D.
Address 2942 East Fayette St. Date signed 3/20/42

VS 3

F 90403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X/53

F 90403 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Suffolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Linden Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Victor Charles Vanture

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Minnie Lee Harrell
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 19, 1906

8. AGE: Years	Months	Days	If less than one day
35	10	2	hr. min.

9. Birthplace Norfolk, Virginia. (Town, county, and state)
10. Usual Occupation Hotel Manager
11. Industry or business

FATHER
12. Name Charles Vanture
13. Birthplace Virginia

MOTHER
14. Maiden Name Leona McGinnis
15. Birthplace West Virginia

16 (a) Informant Wife
(b) Address 209 Linden Ave Suffolk, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Suffolk, Va.

18 (a) Funeral director Chas E Franck
(b) Address 802 Madison Ave

19 (a) (Signature) Registrar
MAR 23 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1941, to Mar 21 1942, and that I last saw h[illegible] alive on Mar 21 1942.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Myxosarcoma of face	5 mos
Due to:	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Date of operation Mar. 25, 1941
Major findings of operation: Tumor of at maxillary sinus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R.A. Clifford M. D.
Address Union Mem. Hosp. Date signed 3/24/42

Type or print clearly in ink and legibly.

F 90404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 90404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 Jasper St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Jasper St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELSIE LEWIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Downing Va (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Henry Lewis
13. Birthplace Downing Va

MOTHER 14. Maiden Name Polly Tyson
15. Birthplace Downing Va

16 (a) Informant James Johnson
(b) Address 1146 N. Carrollton Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof March 21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Filed MAR 23 1942 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: ho

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallace Jr. M.D. Medical Examiner.
Date signed 3-19-42

413149 F 90405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 90405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Arnolia (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 WALKER ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Engle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-09

8. AGE: Years 32 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William L Engle
13. Birthplace Md

MOTHER 14. Maiden Name Mary Fifer
15. Birthplace Md

16 (a) Informant Md
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director Landon & Brooks
(b) Address Sparks, Maryland

19 (a) MAR 22 1942 (Date received by Registrar)
Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 21 1942 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 17 1942 to MAR 21 1942 and that I last saw HIM alive on MAR 21 1942.

Immediate cause of death Uremia

Due to Tuberculous Nephritis

Due to

Other Conditions [redacted]

(Include pregnancy within 3 months of death)

Date of operations 2 Numerous

Major findings of operation: The Fifer Farina, Urinary Tbc Nephritis

of autopsy: Not at this

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Mob M.D.

Address Johns Hopkins Hosp. Date signed 3/21/42

F 90406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90406 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Carrollton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Carrollton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Poole
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Marian A. Poole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1881

8. AGE: Years	Months	Days	If less than one day
61		5	hr. min.

9. Birthplace Surrey County, Va.
(Town, county, and state)
10. Usual Occupation Skilled laborer (retired)
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Nannie Poole
15. Birthplace Surrey County, Va.

16 (a) Informant Mrs. Marian Poole
(b) Address 503 N. Carrollton

17 (a) Burial (b) Date thereof 3-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Hall
(b) Address 1631 Druid Hill Ave.

MAR 22 1942 (b) Huntington Williamsburg, Md.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 11:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/42 to 3/17 1942 and that I last saw him alive on the evening of 3/17/42

Immediate cause of death	Duration
Pt. Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Welcome M. D.
Address 1131 Harlem Ave. Date signed 3/21/42

VS 2

F 90407 Pearson F 90407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 S. Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Pearson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-7165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1876

8. AGE: Years	Months	Days	If less than one day
66	10		hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Edward Pearson
(b) Address 641 S Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)
(c) Cemetery or crematory Early Heights Md
Location A & A Co. Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 608 W Montgomery St

MAR 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 19 1942 and that I last saw [illegible] alive on March 19 1942

Immediate cause of death
(a) Acute Cerebral Hemorrhage
Due to
(b) Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 hrs.
Indefinite

Date of operation
Major findings of operation
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Wardlaw M. D.
Address 946 Hanover Md Date signed 3/20/42

VS 2

F 90408

F 90408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~year~~ ~~month~~ ~~day~~) 7
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ ~~days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6118 Biltmore ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME HARRY KOVENS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife David
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retailer
11. Industry or business

FATHER 12. Name Israel Kovens
13. Birthplace Russia

MOTHER 14. Maiden Name Bailey Fitzkie
15. Birthplace Russia

16 (a) Informant Louis Kovens
(b) Address 6118 Biltmore ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)
(c) Cemetery ~~Accommodation~~ Beth Jacob Agudath Location Rosedale
18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Fayette St
19 (Date rec'd by registrar) MAR 22 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1942 at 6 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1942 to March 21, 1942 and that I last saw him alive on March 21, 1942

Immediate cause of death: Cerebral thrombosis — Duration 7 days
Due to: Cerebral arteriosclerosis
Due to: generalized arteriosclerosis
Other Conditions: Arteriosclerotic Heart Disease
Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Kenneth Zeigler
Address Sinai Hospital Date signed March 21, 1942

VS 8

F 90409 Lonnie Gebhart F 90409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 - Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Calloway Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Lonnie Gebhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jerome Gebhart 6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Norfolk Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Lemon Cooper

13. Birthplace Russia

MOTHER 14. Maiden Name Ida Steinman

15. Birthplace Russia

16 (a) Informant Jerome Gebhart

(b) Address 3408 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. & Conkling Sts

18 (a) Funeral director Jack Demo Inc

(b) Address 1439 E. Balto St

(c) Filed by Huntington Williams M.D. (Signature of Registrar)

(d) Date received by Registrar MAR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942 at 10 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said ——'s (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound head & chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/20/42 at 2 P.M.
(c) Where did injury occur? 3408 Calloway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Pistol

23. Signature Howard Gruff M.D. Medical Examiner.

Date signed 3/20/42

VS 6

F 90410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 90410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Perkins 72099

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1856

8. AGE: Years	Months	Days	If less than one day
85	9	18	hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John
13. Birthplace Mass.

MOTHER
14. Maiden Name Catherine
15. Birthplace Mass.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Frank H Seck
(b) Address 814 N. 36 St

(Date received by Registrar) MAR 23 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 19 42 at 6:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 19 42 to Mar. 14 19 42, and that I last saw him alive on Mar. 14 19 42.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2½ yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rattner M. D.
Address Balto. City Hosp Date signed 3-14-42

F 90411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 90411
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caraline and Oliver St.
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Raspeburg.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Mary Ave.;
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AVARILLA WOODEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1 2 1872

8. AGE: Years	Months	Days	If less than one day
70	1	20	hr. min.

9. Birthplace Aberdeen Harford Co (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Nicholas
13. Birthplace Baltimore Co

MOTHER
14. Maiden Name Elizabeth Colby
15. Birthplace Baltimore County

16 (a) Informant Isabella Marshall
(b) Address Home for the Aged

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24/42 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Mt Carmel St Balt

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) 3-22-1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 19 42. at 7:10A M

22. I certify that death occurred on the date above stated; that I attended deceased from March 5 19 42. to March 21 1942. and that I last saw her alive on March 20 19 42.

Immediate cause of death: Coronary Occlusion — Duration: 2 days

Due to Arteriosclerotic Cardio vascular disease

Due to

Other Conditions Carcinoma of the breast.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Schumacher M. D.
Address St. Joseph's Hosp. Date signed 3-21-42

VS 3

F 90412

MA 72672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 6

F 90412

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 508 W. West Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lucsiller Bowman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
22 ?				

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Lunch Room

MOTHER / FATHER

12. Name John Bowman

13. Birthplace S. C.

14. Maiden Name Binkey Stukes

15. Birthplace S. C.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial Permit (Burial, cremation, or removal) (b) Date thereof 3 22 42 (month) (day) (year)

(c) Cemetery or crematory Mamy, S. Carolina

Location S. Carolina

18 (a) Funeral director Walter B. Sprigg

(b) Address 1308 Hanlon St.

19 (a) MAR 22 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1942 at 11 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1942 to 3-20 1942 and that I last saw her alive on 3-20 1942

Immediate cause of death Meningococcus meningitis — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard A. Rathbun M. D.

Address Balto. City Hosp Date signed 3-21-42

F 90413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/21

F 90413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline Ebbenhouse

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1881

8. AGE: Years 60 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Louis Lann

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Trichael

15. Birthplace Germany

16 (a) Informant Helma Trichael

(b) Address 40 South East ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 42 (month) (day) (year)

(c) Cemetery or crematory Oakland

Location Eastern ave

18 (a) Funeral director S. Walter May Jr

(b) Address 619 N. Bouldin St

(c) (Signature) (b) Westminster, Williams, MD

MAR 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 3:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1942 to March 20 1942, and that I last saw her alive on March 19 1942

Immediate cause of death Pulmonary Embolism — Duration —

Due to Ruptured Appendicitis — Duration 1 day

Due to — Duration —

Other Conditions Hypertensive Cardio vascular disease — Duration —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Tolmenson M. D.

Address St. Joseph Hosp Date signed 3-20-42

F 90414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-W

F 90414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 N.Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 N.Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry V.Pirie.

3 (b) If veteran, name war. --

3 (c) Social Security Account No. 216-07-1944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth C.Pirie.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) January 26.1887

8. AGE: Years	Months	Days	If less than one day
55	1	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Harry J.Pirie,
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle M.McCoy.
15. Birthplace Md.

16 (a) Informant Mrs Elizabeth C.Pirie,
(b) Address 1410 N.Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23.1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W.Little.
(b) Address 2709 Edmondson Ave.

MAR 22 1942 (Date rec'd by registrar) (Signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20.1942 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1941 to March 20 1942 and that I last saw him alive on March 17 1942

Immediate cause of death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration Hours

1 yr

3 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.L.Gray M.D.

Address 627 N.Eutaw St. Date signed 3/21/42

VS 2

F 90415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 90415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Norris Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1861

8. AGE: Years	Months	Days	If less than one day
80	6	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER

12. Name John Hartman
13. Birthplace Maryland
14. Maiden Name Ella Swann
15. Birthplace West Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. Balto. Md.
18 (a) Funeral director Thos. E. Miller Inc.
(b) Address 2435 E. Oliver St.
19 (a) MAR 22 1942 (b) Huntington Hillsborough, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1942, at 3 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 3-22 1942, and that I last saw h~~im~~ alive on 3-22 1942.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to
Due to
Other Conditions Arteriosclerosis Ht. Diabetes
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-22-42

VS 8

F 90416

Fradkin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/2

F 90416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Klein Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3701 Klein Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max FRADKIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rose Fradkin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68 75			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace Russia

14. Maiden Name

15. Birthplace Russia

16 (a) Informant I. Albert Fradkin

(b) Address 3701 Klein Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)

(c) Cemetery or crematory Sinai Mt. Carmel

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

MAR 22 1942 (Date received by Registrar) Kensington Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21-42 19 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1942 to 3/21 1942 and that I last saw him alive on 3/21 1942

Immediate cause of death Bronchial asthma — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert A. Reitz, M. D.

Address 3408 Windsor Ave Date signed 3/21/42

VS 3

F 90417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 90417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Wickham Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Wickham Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Manley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Cole Juliana A. Fanny Manley 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1857

8. AGE: Years 84 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Motorman, Retired 8 yrs.

11. Industry or business Balto. Transit Co.

FATHER 12. Name Edward Manley

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah J. Holmes

15. Birthplace England

16 (a) Informant Mrs. Victoria E. Hawkins

(b) Address 205 Wickham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42. (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Wiltse

(b) Address 401 Edmondson Ave

APR 29 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/42. 19 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5-1942 to 3-19-1942 and that I last saw him alive on 3-18-1942

Immediate cause of death Uremia

Due to Arteriosclerotic Cardio Vascular Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration 3 days

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edgar Fleming M.D.

Address 804 W. Balto St. Date signed 3-21-42

M. D.

VS 3

F 90418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90418 (Registered No.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 561 S. Longwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 561 S. Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Mercer

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-2220

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Cath Mary E. Mac Donald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1871

8. AGE: Years 70 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Pittsburgh Plate Glass Co.

FATHER
12. Name Mercer
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Clarence J. Mercer
(b) Address 561 S. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Mitzfeld
(b) Address 4101 E. Monument Ave

19 (a) (Date received by registrar) MAR 22 1942 (b) Livingston Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1942 to March 20 1942, and that I last saw h. alive on March 20 1942.

	Duration
Immediate cause of death Cer. Hemorrhage & Uremia	4 days
Due to Hypertensive arteriosclerotic Cardio-vascular renal	
Due to Disease	7 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collens M.D. M. D.
Address 332 Fremont Ave Date signed 3-22-42

F 90419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-E

F 90419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lee Chambers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1938

8. AGE: Years	Months	Days	If less than one day
3	6	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Raymond Chambers
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Zeldcork
15. Birthplace Howard Co., Md

16 (a) Informant Raymond Chambers
(b) Address 1416 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Park
Location Howard Co. Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 1942 at 6⁴⁰ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 16 1942 to Mar. 19 1942 and that I last saw h[illegible] alive on Mar. 19 1942

Immediate cause of death: Rheumatic Heart Disease — Duration: 3 Weeks
Due to Acute Rheumatic Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 3/24/42

F 90420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 90420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Druid Hill Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madison Ellis Neal

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1886

8. AGE: Years	Months	Days	If less than one day
55	1	10	hr. min.

9. Birthplace South Boston, Va. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Madison C. Neal
13. Birthplace South Boston, Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Henry Neal
(b) Address 1110 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Chas. W. Holland
(b) Address 1691 Druid Hill Ave.

MAR 22 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1942 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to 3/19 1942, and that I last saw him alive on 3/17 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr.
Due to: Hypertension	4 yrs.
Due to: Nephritis	4 yrs.
Other Conditions: Arthritis - Heart	4 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. [illegible] Young
Address 1110 Druid Hill Ave Date signed 3/19/42

VS 3

F 90421 ; BALTIMORE CITY HEALTH DEPARTMENT 93-D F 90421 .

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Madison Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Elizabeth Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1848

8. AGE: Years	Months	Days	If less than one day
94	—	19	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Holland
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Caroline Carroll
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Carrie Gearing
(b) Address 708 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Baltimore, Md.

18 (a) Funeral director Mrs. Rees W. Holland
(b) Address 1631 Druid Hill Ave.

19 MAR 22 1942 (b) Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942 to March 20 1942, and that I last saw her alive on March 19 1942.

Immediate cause of death Chronic Myocarditis Arteriosclerosis, debility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Walter Shewington M. D.

Address 221 N Carey Date signed 3/23/42

VS :

F 90422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 90422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Louis Vogel Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret A

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct 6. 1876

8. AGE: Years	Months	Days	If less than one day
65	5	13.	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business —

FATHER
12. Name Frederick Vogel
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Scott
15. Birthplace Maryland

16 (a) Informant Dr. Louis Vogel Sr
(b) Address 1204 E. 33rd Street

17 (a) Burial in Woodlawn Md thereof 3/23/42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Maryland

18 (a) Funeral director T. B. Phipps & Son
(b) Address 1800 Eutaw Place

MAR 22 1942 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942, at 9:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1942, to March 19 1942, and that I last saw him alive on March 19 1942.

Immediate cause of death Generalised carcinomatosis — Duration

Due to Carcinoma of the Gall Bladder

Due to

Other Conditions Chronic Myocarditis Mitral Stenosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lehmann M. D.
Address St. Joseph's Hosp Date signed 3-19-42

VS 1

F 90423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 90423 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Valentine Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1873

8. AGE: Years	Months	Days	If less than one day
68	2	23	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David Shaw
13. Birthplace Ireland

MOTHER
14. Maiden Name David Shaw
15. Birthplace Ireland

16 (a) Informant Louis Meyer
(b) Address 609 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23. 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) MAR 22 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1941 to 3/15 1942 and that I last saw h alive on 3/15 1942

Immediate cause of death Acute Cardiac Failure — Duration

Due to

Due to

Other Conditions Chronic Pyelitis Chronic arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein
Address 738 Aisquith St Date signed 3/20/42 M. D.

F 90424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 90424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 721 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo J. Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant ✓ Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 23 1942 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Fremont Ave

19 (a) (Signature and title of local registrar) (b) Huntington Williams, M.D. Registrar

MAR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1942 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 3/20/42

VS 6

F 90425

Slater

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 90425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 E. Eager Monument St & Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Virginia Slater (Birth F. 41308)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1941

8. AGE: Years	Months	Days	If less than one day
	3	-	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stewart Paul Slater
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Dorothy Noel
15. Birthplace Balto

16 (a) Informant Stewart Slater
(b) Address 426 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23rd 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto Md

18 (a) Funeral director Rita Winkfield
(b) Address 914 Fremont Ave

19 (a) (Date received by registrar) (b) Registrar

MAR 23 1942

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1942 at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 726.28 1942 to 3/21 1942 and that I last saw her alive on 3/21 1942

Immediate cause of death: Bronchopneumonia — Duration: 2 wks
Due to: Congenital Heart Disease — 3 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cohen
Address Sinai Hospital Date signed 3/21/42 M. D.

F 90426
413060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157D

F 90426
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Spangler
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bigler Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD J McDONALD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-16

8. AGE: Years	Months	Days	If less than one day
25	4	27	hr. min.

9. Birthplace PA
(Town, county, and state)

10. Usual Occupation Relief Inspector

11. Industry or business

FATHER
12. Name EDWARD McDONALD
13. Birthplace Scotland

MOTHER
14. Maiden Name MARY McKIVICAN
15. Birthplace PA.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25-42 (month) (day) (year)
(c) Cemetery or crematory Laurel Pa.
Location

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 408 S. Wolfe St.

19 (a) MAR 22 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 21 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 16 1942 to MAR 21 1942, and that I last saw him alive on MAR 21 1942.

Immediate cause of death: Cardiac Failure — Duration: 10 min.

Due to

Due to

Other Conditions: Congenital anomaly of brain - Arnold-Chiari
(Include pregnancy within 3 months of death)

Date of operation: March 20, 1942

Major findings of operation: Arnold-Chiari Phenomenon

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Hamrock M. D.
Address J. H. H. Date signed 3/23/42

F 90427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93

F 90427 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3116 Baker St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltcity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Baker St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Lynde Davenport Disney

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edw. Q. Disney

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 27 1865

8. AGE: Years 76 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: Wesley Cunningham
13. Birthplace: Howard Co Md.

MOTHER
14. Maiden Name: Eleanora Harrison
15. Birthplace: Howard Co Md

16 (a) Informant: Miss Bessie St. Disney (daughter)
(b) Address: 3116 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore

18 (a) Funeral director: Stewart Mortuary Co.
(b) Address: 108 W North Ave.

(c) Date received MAR 22 1942 (d) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20th 1942, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to March 20 1942, and that I last saw h[illegible] alive on March 18 1942.

Immediate cause of death: Coronary Thrombosis — Duration 8 hrs.

Due to: -

Due to:

Other Conditions: - Arterio - Sclerosis - Duration 3 yrs.
Heart Disease
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: - None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Earl L. Chambers
Address: 4108 Liberty Hts. Date signed: 3/24/42 M. D.

VS 3

F 90428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90428 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3339 Paine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. James Albert Creswell (Emma)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James Albert Creswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1871

8. AGE: Years	Months	Days	If less than one day
71 yrs.	1	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sam Holland
13. Birthplace ?

MOTHER
14. Maiden Name Laura Martin
15. Birthplace Maryland

16 (a) Informant James A. Creswell
(b) Address 3339 Paine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/42 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Cemetery
Location Hartford Co. Md.

18 (a) Funeral director Redemonz & Sonneman
(b) Address 34 S. 17 Edmondson Ave.

19 (a) MAR 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 19 42 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 19 42 to 3/21 19 42 and that I last saw h[illegible] alive on 3/21 19 42

Immediate cause of death	Duration
Ventricular asystole	
Due to Coronary occlusion	11 days
Due to Coronary arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
Autopsy: Gen. hyp. & coronary atherosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen F. Calvert M.D.
Address Union Memorial Date signed 3/21

VS 2

Hospital

F 90429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

F 90429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Union Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Union Ave (If rural give location)
(e) Citizen of foreign country? yes. (Yes or No)
If yes, name country Canada

3 (a) FULL NAME Julia L. Kilmore.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife Thomas H.

6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) July 6, 1864.

8. AGE: Years	Months	Days	If less than one day
77	8	15	hr. min.

9. Birthplace Canada. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Charles Emery.
13. Birthplace Canada

MOTHER
14. Maiden Name Catherine Primeau
15. Birthplace Canada

16 (a) Informant Charles Kilmore.
(b) Address 3042 Pennington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23/42 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Taylor Ave.

18 (a) Funeral director Rehoweth & Donovan
(b) Address 3615-17 Huntington Ave Huntington for Northeast, Md.

19 MAR 22 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1942 at 12 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 18 1942 to March 21 1942 and that I last saw h alive on Mar 20 1942

Immediate cause of death cerebral apoplexy — Duration 4 Days

Due to arterio sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Hoff M. D.
Address 2020 N. Eladale Date signed 3/23/42

VS 3

F 90430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3532 Chestnut Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. Estelle Lovell

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Single	—	187 years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1871

8. AGE: Years	Months	Days	If less than one day
64 70	3	24	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county and state)
10. Usual Occupation Stenographer
11. Industry or business Retired 15 years

FATHER
12. Name David Lovell
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Mudd
15. Birthplace Maryland

16 (a) Informant Mrs. Ella L. Ruby
(b) Address 3532 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-1942 (month) (day) (year)
(c) Cemetery or crematory St Mary's (Hampden) Location Baltimore, Md.

18 (a) Funeral director Horace G. Burgee
(b) Address 3631 Falls Road
Huntington-Williams, M.D.

MAR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20. 1942 at 5:40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1942 to Mar 19 1942 and that I last saw h[illegible] alive on Mar. 19 1942

Immediate cause of death	Duration
Chronic myocarditis	2 days (Acute)
Due to Arteriosclerosis	
Due to	
Other Conditions Atrophic arthritis	20 yrs.
Bilateral cataracts (Chronic severe)	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Harbold
Address 4706 Harford Road Date signed 3/20/42 D.

VS 1

F 90431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-7

F 90431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. University Parkway (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Parker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Bowen Royston Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1858

8. AGE: Years 77 | Months - | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Doubfitz
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Ellen Marsh
15. Birthplace Maryland

16 (a) Informant Miss Ada May Parker
(b) Address 100 N. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

MAR 23 1942 Huntington Williams, M.D. Registrar

MAR 23 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22. 1942 at 7:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 22 1942 and that I last saw h[illegible] alive on March 21 1942

Immediate cause of death	Duration
Acute dilatation of heart	10 months
Due to Myocarditis + interstitial	10 yrs.
Due to Coronary Thrombosis.	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster M. D.
Address 2824 St. Paul St. Date signed 3-22-42

F 90432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 Grayson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Grayson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Adam Diacont

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret O'Leary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 - 1887

8. AGE: Years	Months	Days	If less than one day
61.	—	9.	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name William Diacont
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Leighthauser
15. Birthplace Baltimore Md

16 (a) Informant Mrs Marie Diacont
(b) Address 3104 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Md

18 (a) Funeral director Mamie C. Syfer
(b) Address 1600 N. North Ave.

(c) MAR 23 1942 (Date rec'd by reg.) Huntington Wil (Registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 10-10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1941, to March 21 1942, and that I last saw him alive on March 20 1942.

	Duration
Immediate cause of death Coronary Thrombosis.	12
Due to Cardio Vascular	2 yrs.
Due to Nephritis	3 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Diacont

Address 8063 Fullerton Date signed 3/24/42 M. D.

VS 1

F 90433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

F 90433

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Fait Ave, City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Ziolkowski (or) ZolKowski

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-01-6519

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9 1889

8. AGE: Years 53 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Baltimore, Md (Town, county, and state)

10. Usual Occupation Foreman Continental

11. Industry or business Continental Can Co.

FATHER
12. Name John Ziolkowski
13. Birthplace

MOTHER
14. Maiden Name Frances Sadowski
15. Birthplace Germany

16 (a) Informant Miss Anna Matalen
(b) Address 2607 Fait Ave, Wa 2776 J

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 24 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Gayman Hill Rd.

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address LOMBARD AND ANN STS.

19 (a) Filed (Date received by Registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1942, at 1ST A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1942 to Mar 21 1942, and that I last saw him alive on Mar 21 1942.

Immediate cause of death: cardiorespiratory failure — Duration: 5 days

Due to: Lobar pneumonia RT lung

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 3-21-42

VS 2

F 90434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90434

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1338 Towson St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1338 Towson St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

24-1

3 (a) FULL NAME Christina Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Michael G. Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1865

8. AGE: Years	Months	Days	If less than one day
76	4	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House-work
11. Industry or business

FATHER
12. Name John Backer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Denhardt
15. Birthplace Germany

16 (a) Informant Mrs. Emma Nixon
(b) Address 3311 Batavia Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.,

18 (a) Funeral director G. Howard Strong
(b) 715 Light St.,

19 (a) MAR 23 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

12.30

20. DATE OF DEATH March 21, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/ 2 1938, to 3/21 1942, and that I last saw h[illegible] alive on 3/20 1942.

Immediate cause of death Hypertensive cardio vascular renal disease — Duration 3 years 9 months

Due to —

Due to —

Other Conditions Diabetes — 4

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel, M. D.
Address 1126 Harlem St. Date signed 3/22/42

VS 3

F 90435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 90435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam A. Stein

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna D. Stein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 186[illegible]

8. AGE: Years	Months	Days	If less than one day
76	1	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name John C. Stein
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Halfeubein
15. Birthplace Germany

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address 4 Month & Pennsylvania Ave. Baltimore, Md.

MAR 23 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10th 1942 to Mar 21st 1942, and that I last saw h[illegible] alive on Mar 21st 1942.

Immediate cause of death	Duration
Apoplexy	
Senility	
Due to Generalized Arterio-sclerosis	
Due to Hyp. Cerebral arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature] M. D.
Address 304 E. Monument St Date 3/23/42

VS 3

F 90436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-B

F 90436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Gladstone Ave. (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Henry W. Snow (Elsie Bagley Snow)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Henry W. Snow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1895

8. AGE: Years	Months	Days	If less than one day
46	8	15	hr. min.

9. Birthplace maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Charles Bagley
13. Birthplace maryland

MOTHER
14. Maiden Name Ella Virginia McCauley
15. Birthplace maryland

16 (a) Informant Mr. Henry W. Snow
(b) Address 721 Gladstone Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pine Sts. Interment Williams, M.D.

19 (a) Date rec'd by Registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 7:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to Mar 22 1942, and that I last saw her alive on Mar 22 1942.

Immediate cause of death: pulmonary embolism — Duration: 10 days
Due to: Post operative Hysterectomy 20th day. — Duration: over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation March 2 1942
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Rawlford, M.D.
Address Union Memorial Hospital Date signed 3/27/42

VS 3

F 90437

G F William Wachsmann

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 90437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 E 22nd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 E 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME G. F. Georgia Wachsmann (G. F. William)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	—	—		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Gottlieb Wachsmann

13. Birthplace Germany

MOTHER 14. Maiden Name Henriette Kaufmann

15. Birthplace Germany

16 (a) Informant Mrs. Katherine M. Wachsmann

(b) Address 314 E. 22nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Wm. J. Ecker & Sons

(b) Address Hunting Park & Pa. Aves. Huntingdon Philadelphia, Pa.

MAR 23 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942; at 11a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Findings of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. L. de Graff M.D.
Medical Examiner.

Date signed 3/24/42

VS 6

F 90438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-30-7

F 90438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Brighton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3216 Brighton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary M. Avey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Paul F. Avey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/1902

8. AGE: Years	Months	Days	If less than one day
39	7	24	hr. min.

9. Birthplace Wattles, Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William Hall

13. Birthplace Ohio

MOTHER 14. Maiden Name Nancy Brown

15. Birthplace Ohio

16 (a) Informant Mr. Paul F. Avey

(b) Address 3216 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)

(c) Cemetery or crematory Mendenridge

Location

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Ave.

19. (a) MAR 23 1942 Huntington Williams M.D. (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to March 21 1942, and that I last saw h[illegible] alive on March 21 1942.

Immediate cause of death	Duration
Luetic aortitis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Owen Mooney M. D.

Address 3105 Belair Rd Date signed 3-23-42

VS 8

F 90439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V Registered No. F 90439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 Dillon st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) (Continuously)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 S Kenwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antoni J. Olszak Antoni (Anthony)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1892

8. AGE: Years	Months	Days	If less than one day
49	3	15	hr. min.

9. Birthplace Poland. (Town, county, and state)

10. Usual Occupation Labour

11. Industry or business Davidson Smelting Co.

FATHER
12. Name Olszak
13. Birthplace Poland.

MOTHER
14 Maiden Name Anyna Makowska
15. Birthplace Poland

16 (a) Informant Mrs. Helena Klociewnik
(b) Address 2714 Dillon st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Forman Mill Road
(a) Funeral director Wisbon & Featherstone Inc
(b) Address 1000 S. Kenwood Ave
(a) (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1942 to March 21 1942 and that I last saw [illegible] alive on March 21 1942.

Immediate cause of death — Duration

Acute Coronary Occlusion — 3-21-42
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl Schumacher M. D.
Address 428 E. East Ave. Date signed 3-28-42

VS 3

H. L. Wallenmeyer M.D. Asst Medical Examiner

F 90440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

F 90440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hilton Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester Howard Mayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1872

8. AGE: Years	Months	Days	If less than one day
69	10	19	hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)
10. Usual Occupation Homemaker
11. Industry or business

FATHER
12. Name Elisha Mayes
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Georgiana Mayes
15. Birthplace Balto Co Md.

16 (a) Informant Morris Jones
(b) Address Baldwin Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 23 42 (month) (day) (year)
(c) Cemetery or crematory Jessops
Location Sparks Md
18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.
(c) [illegible] (b) MAR 23 1942 by Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1942 to March 22 1942, and that I last saw her alive on March 22 1942.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 Days
Due to: Marasmus	5 Days
Due to: Chronic Interstitial Nephritis	5 Yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Fa Stevens M. D.
Address 2878 Harford Rd Date signed

F 90441 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Chandler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/41

8. AGE: Years	Months	Days	If less than one day
1	0	11	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Paul Edward Chandler
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Braxton
15. Birthplace Sutherville, Md.

16 (a) Informant Emma Chandler
(b) Address 2208 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Pressman St

Date received MAR 23 1941 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1941 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 19 41 to March 21 19 41 and that I last saw him alive on March 21 19 41

Immediate cause of death Lobar Pneumonia — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 3/24/41

VS 3

F 90442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 58-E

Registered No. F 90442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Winchester St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Dudley

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1936

8. AGE: Years 5 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Frank Brown
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Elizabeth Dudley
15. Birthplace Old Dominion Va

16 (a) Informant Elizabeth Dudley
(b) Address 1205 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Upper Marlboro Md
Location
(a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

MAR 23 1942 Huntington Williams, M.D.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 20 1942, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1942 to Mar. 20 1942 and that I last saw him alive on Mar. 20 1942

Immediate cause of death Rheumatic Heart Disease — Duration 1½ mos.
Due to Acute Rheumatic Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp Date signed 3/24/42

VS 3

F 90443 | BALTIMORE CITY HEALTH DEPARTMENT | F 90443

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 Brunt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Brunt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Agnes Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13-1893

8. AGE: Years	Months	Days	If less than one day
48	10	6	hr. min.

9. Birthplace Middlesex Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Morton
13. Birthplace Middlesex Co. Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss. Agnes Clark
(b) Address 1925 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

MAR 23 1942 (Date rec'd by registrar) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1942 to 3/19 1942 and that I last saw h e alive on 3/19 1942.

Immediate cause of death Lobar Pneumonia of Rt Lung & Chest — Duration

Due to Bacterial Invasion

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Franklin Phillips M. D.
Address 1543 Penna Ave Date signed 3/20/42

VS 1

F 90444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90444 — 931 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4920 Belair Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME George Colliden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Samaride
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 187[illegible]

8. AGE: Years	Months	Days	If less than one day
69	10	27	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business

12. Name unknown
13. Birthplace unknown
14. Maiden Name unknown
15. Birthplace Greece

(a) Informant John Commenaris
(b) Address 4920 Belair Road

(a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.
(a) Funeral director Albert W Bengo
(b) Address 1409 E Monument St Hunting for Williams Md.
(c) MAR 23 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 2.40 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1942, to 3-20 1942, and that I last saw him alive on 3/20/1942
Immediate cause of death Coronary Insufficiency — Duration
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dave Hartman, M.D.
Address Franklin Square Hosp. Date signed 3/24/42

VS 3

F 90445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna Paczosiak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Paczosiak
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business at Home

FATHER
12. Name Paul Sajdak
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Joseph Paczosiak
(b) Address 2406 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 24 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
(a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave
(a) Huntington Williams Mort. (Undertaker or Manager)

MAR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to March 20 1942 and that I last saw her alive on March 19 1942.

Immediate cause of death Arteriosclerotic C.V. Disease
Due to Chr. Myocarditis
Due to Chr. Cholecystitis & Cholelithiasis
Due to Myocardial Failure

Duration
3-2-42

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Schimmack M. D.
Address 842 S. Font Ave Date signed 3-21-42

F 90446 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 90446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County a. a
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 3rd Ave. a. S. E. a.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ANDREW KUTCHERA

3 (b) If veteran, name war SAW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Helmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1, 1880

8. AGE: Years 62 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Coal retailer

11. Industry or business

12. Name Charles Kutchera

13. Birthplace Bohemia

14. Maiden Name Katherine

15. Birthplace Bohemia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)

(c) Cemetery or crematory U. S. National
Location Balto. Md.

(a) Funeral director Williams Cook
(b) Address 1217 St. Paul st

MAR 23 1942 Huntington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1942, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15, 1942 to March 19, 1942 and that I last saw him alive on March 19, 1942.

Immediate cause of death Myocardial infarction — Duration 10 da.

Due to Coronary arteriosclerosis and closure — Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations None

of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. A. Arctus M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/21/42

VS 8

F 90447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-P

Registered No. F 90447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Wilkens Lt
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gay & Chester Sts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FIRST NAME Ralph Carroll LAST NAME Strobel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	[illegible]	Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 16th 1899

8. AGE: Years	Months	Days	If less than one day
42	7	5	hr. min.

9. Birthplace Balto. Md. (Town, county and state)
10. Usual Occupation Truck Driver
11. Industry or business Carroll Co.

FATHER — 12. Name	Andrew C. Strobel
FATHER — 13. Birthplace	Md
MOTHER — 14. Maiden Name	Susan E. Smith
MOTHER — 15. Birthplace	Md.

16 (a) Informant Lula Strobel
(b) Address 1103 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 MAR 23 1942 (Date rec'd by Local Registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1942 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1941 to 3/21 1942, and that I last saw h[illegible]alive on 3/21 1942.

Immediate cause of death	Duration
Respiratory Failure	about 4 days
Due to Lung abscess — non tuberculous	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Compaston
Address St Joseph's Hospital Date signed 3/23/42

VS 3

F 90448 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-42

F 90448 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 E. 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. 29th St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Mary Kerr

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edw. J. Kerr
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1863

8. AGE: Years	Months	Days	If less than one day
80	2	19	hr. min.

9. Birthplace Govan-on-Glasgow, Scotland (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Donald MacDonald
13. Birthplace Govan-on-Glasgow, Scotland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Govan-on-Glasgow, Scotland

16 (a) Informant Peter Leo Kerr (Son)
(b) Address 1420 Holbrook St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Location Anne Arundel Co., Md.

18 (a) Funeral director A. J. Howard Evans
(b) Address 1400 N. Charles St.

MAR 23 1942 (Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1942 to 3/20 1942 and that I last saw h[illegible] alive on 3/20 1942.

Immediate cause of death: Arteriosclerotic Cardio-Renal Disease — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum
Address 206 E. Preston St. Date signed 3/24/42

VS 3

F 90449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73-a

F 90449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 W. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. University Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA Wife CONRADT

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
F	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	5	27		

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name McKinley

13. Birthplace Maryland

14. Maiden Name Laura ?

15. Birthplace ?

16 (a) Informant Alexander B. Conradt

(b) Address 106 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month, day, year)

(c) Cemetery or crematory London Park

Location Balto.

18 (a) Funeral director John O. Metzdorf Sons

(b) Address 1900 Eastern Ave.

(c) MAR 23 1942 (b) Huntington Mills Baltimore, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 3:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death

Pernicious anemia

Due to

Due to

Other Conditions ~~no~~

(Include pregnancy within 3 months of death)

Date of operation ~~no~~

Major findings of operation:

of autopsy: ~~no~~

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 3-22-42

F 90450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2631 Quantico Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2631 Quantico Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Spector

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Spector

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Tresser

FATHER

12. Name Hirsh Spector

13. Birthplace Russia

MOTHER

14. Maiden Name Minzain —

15. Birthplace Russia

16 (a) Informant Sarah Spector

(b) Address 2631 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rit Carmel

Location Hayman Mill Rd

(a) Funeral director Joel Levin Inc

(b) Address 1439 E. Balto. St

(c) MAR 23 1942 Huntington Williams Mt.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22-42 19 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 3/22 1942 and that I last saw h(im) alive on 3/19 1942.

Immediate cause of death Coronary Thrombosis — During Sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S. Bloom

Address 1206 E. Preston St Date signed 3/23/42 M. D.

VS 3

F 90451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-F

F 90451 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Rosewood Ave
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2600 Rosewood (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Shostack

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Max

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Schwartz
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17. (a) Burial (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery Koker Mount
Location Mt Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) MAR 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1942 to Mar 22 1942.
and that I last saw her alive on March 20 1942.

Immediate cause of death

Due to Carcinoma of the Liver — Duration 6 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Barry Sgambati
Address 2128 W. North Ave Signed 3/23/42

VS 8

F 90452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 90452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Kinship Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MORRIS HERMAN

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-05-5319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife LENA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-01

8. AGE: Years	Months	Days	If less than one day
40	11	7	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business

FATHER
12. Name DAVID HERMAN
13. Birthplace Poland

MOTHER
14. Maiden Name RACHAEL LEWMAN
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

(a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery Loudon Park Location Wash Co Md
(a) Funeral director Jos. Louis Sons
(b) Address 1439 E. Baltimore St

(a) (b)
MAR 23 1942 Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 22 1942, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942, to 3/22 1942, and that I last saw h.i.m. alive on 3/22 1942.

Immediate cause of death Cerebral hemorrhage — Duration 6 hrs.
Due to
Due to
Other Conditions Hypertension — 6 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Dunn Jr M.D.
Address Johns Hopkins Hospital Date signed 3/23/42
Baltimore Md.

F 90453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 Birkwood Pl
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City ~~of Balto~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Birkwood Pl (If rural give location)
(e) If foreign born, how long in U. S. A.) ~~12~~ years.

3 (a) FULL NAME Susan Frances Elizabeth McClellan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Wh.	Widow

6 (b) Name of husband or wife Marcus McClellan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 24. 1855

8. AGE: Years	Months	Days	If less than one day
87	1	28	— hr. — min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

12. Name of Informant Wm. Young
13. Birthplace —
14. Maiden Name —
15. Birthplace —

(a) Informant E & M McClellan Son
(b) Address 306 Birkwood Pl

(a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Troy, Missouri
Location
(a) Funeral director Chas. H. Davis Funeral Home
(b) Address 118 W. 21st, Royal Arc
(b) [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1942, to Mar 22 1942, and that I last saw her alive on Mar 22 1942

Immediate cause of death Cerebral Thrombosis — Duration 4 days

Due to —

Due to —

Other Conditions Cold + bronchitis — 16 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? None
(e) Means of injury None

23. Signature Wesley Call, M.D.
Address Towson Rt 6 Date signed 3/23/42

VS 8

90454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

F 90454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 W. 34th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 3-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 W. 34th St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances C Buck (Birth F-4563)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1942

8. AGE: Years	Months	Days	If less than one day
		24 hr.	min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name London Buck
13. Birthplace Okla.

MOTHER
14. Maiden Name Margaret Parks
15. Birthplace Md.

16 (a) Informant Florence W. Parks
(b) Address 800 W 34th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden
(a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Elderslie

(a) MAR 23 1942 H. Lexington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942 at 12:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Enlarged thymus
Pulmonary edema and
Due to bronchitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lexington Williams M.D. Medical Examiner.
Date signed 3/23/42

VS 6

F 90455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 Dolphin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 119 Dolphin St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James W. Powell

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12/1867

8. AGE: Years 74 | Months 6 5 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MAIDEN NAME
12. Name John E. Powell
13. Birthplace Maryland
14. Maiden Name Hannah S..
15. Birthplace Maryland

16 (a) Informant Mary Powell
(b) Address 119 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co
(a) Funeral director Payne Sanders
(b) Address 1462 E Preston St
(c) MAR 23 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 3-21 1942 and that I last saw h[illegible] alive on 3-21 1942

Immediate cause of death: Lobar Pneumonia — Duration: 5 Days
Due to
Due to
Other Conditions: Acute Myocarditis — 1 Day
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Berry M. D.
Address 1420 E. Chase Date signed 3-23-42

VS 2

F 90456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N. Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Isabell Grant

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1862

8. AGE: Years 80 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Isabell Anderson
15. Birthplace Md

16 (a) Informant Josephine Blackwell
(b) Address 97 Cathedral Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 25 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Balto City
(a) Funeral director Raymon Sanders
(b) Address 1412 E. Preston St

(a) Date rec'd by registrar MAR 23 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942. at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1942. to March 21 1942. and that I last saw her alive on March 20 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. McDaniel M. D.
Address 1737 E Preston St. Date signed 3-22-42

F 90457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 90457 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Edgewood (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Richard B. Tippett

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hazel Hungerford

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan. 14, 1862

8. AGE: Years 80 | Months 2 | Days 8 | If less than one day — hr. — min.

9. Birthplace: St. Mary's County, Md. (Town, county, and state)

10. Usual Occupation: Attorney

11. Industry or business: -------

FATHER

12. Name: Bruce Tippett

13. Birthplace: St. Mary's Co., Md.

MOTHER

14. Maiden Name: Susan Alston

15. Birthplace: St. Mary's Co., Md.

16 (a) Informant: Mrs. Natale Murray

(b) Address: 1735 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18 (a) Funeral director: H. W. Meares and Sons

(b) Address: 305 N. Calvert Street

MAR 29 1942 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17- 1942, to 3-22- 1942, and that I last saw him alive on 3-21- 1942.

Immediate cause of death: Septicemia, fulminating.

Due to ascending infection bile ducts with acute hepatitis.

Due to Carcinoma ampulla of Vater.

Other Conditions Obstructive Jaundice.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. T. Gibbs M.D.

Address: University Hosp. Date signed 3-22-42

F 90458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89-a

Registered No. F 90458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County A A Co.
(c) City or town MANHATTEN BEACH.
(If outside city or town limits, write RURAL and give town)
(d) Street No. SEVERNA P O
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mangum, Walter F. MANGUM

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 216-18-7065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	SINGLE

6 (b) Name of husband or wife: NONE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 8- 1924

8. AGE: Years	Months	Days	If less than one day
18	2	14	hr. min.

9. Birthplace MARYLAND.
(Town, county, and state)
10. Usual Occupation GLASS WORKER
11. Industry or business CARR-LOWREY GLASS Co.

MOTHER FATHER

12. Name CHARLES W. MANGUM
13. Birthplace MD
14. Maiden Name NORINE DAWSON
15. Birthplace MD

16 (a) Informant CHARLES MANGUM.
(b) Address MANHATTEN BEACH. SEVERNA P.O.

17 (a) BURIAL (b) Date thereof 3-25-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem.
Location Glen Burnie Md.
(a) Funeral director Bernard C Hanle
(b) Address 121 E West St
MAR 23 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1942, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1942, to March 22 1942, and that I last saw h alive on March 22 1942.

Immediate cause of death	Duration
Cerebrospinal meningitis	one
Due to Brainabscess	
Due to Mastoiditis	
Other Conditions Acute otitis media	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: same as above
of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M.D.
Address 1213 Light Street Date signed 3-23-42

VS 3

F 90459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-P

Registered No. F 90459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5602 Woodbine Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Billmyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Clarence L. Billmyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1883

8. AGE: Years	Months	Days	If less than one day
58	10	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John F. Bain
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Billmyer
15. Birthplace Finksburg, Md.

16 (a) Informant Mrs Virginia Billmyer Poisal
(b) Address 5602 Woodbine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

MAR 22 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 9.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2 1942 to Mar 20 1942 and that I last saw Mr alive on Mar 20 1942

Immediate cause of death	Duration
Carcinoma of uterus	2 yrs
Due to Met. to Sigmoid	1 1/2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 1940
Major findings of operation: Carcinoma
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer A. Todd M. D.
Address 755 N. Fulton Ave. Date signed 3/20/42

VS 2

F 90460
MA 71468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 90460
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Shakespeare Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Nidental

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October ? 1874

8. AGE: Years	Months	Days	If less than one day
67	5		hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Lawrence
13. Birthplace Poland

MOTHER
14. Maiden Name Katie
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Loud Hope Memory
Location Md.

18 (a) Funeral director Brew Organ
(b) Address 1930 Eastern Ave

19 MAR 23 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1942, at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-21 1942, and that I last saw h alive on 3-21 1942.

Immediate cause of death ? Coronary occlusion (1871 ?) — Duration 21 hrs
Due to Hypertensive sclerosis — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp. Date signed 3-23-42

VS 3

90461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 90461
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Cole st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Cole st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis T Campbell

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Leona C Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17 1898

8. AGE: Years 44 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business Laundry

FATHER
12. Name William Campbell
13. Birthplace Penna

MOTHER
14. Maiden Name Ellen J Foley
15. Birthplace Penna

16 (a) Informant Mrs Alice Leap
(b) Address 1707 Cole st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Grape & Farley
(b) Address Fulton & Fayette

19 MAR 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21 1942, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1942 to 3/21 1942 and that I last saw him alive on 3/21 1942.

Immediate cause of death Pulmonary Tuberculosis 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Williams M.D.
Address 1945 W Baltimore Date signed 3/23/42 M. D.

VS 3

90462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 90462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrow's Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Apt 10 North 63rd Highway Ave
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND MORRIS

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ressie Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1907

8. AGE: Years 35 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Standardsville, Va (Town, county, state)
10. Usual Occupation Ship Fitter
11. Industry or business Beth. Steel

FATHER
12. Name Oscar Morris
13. Birthplace Virginia

MOTHER
14. Maiden Name Rebecca Morris
15. Birthplace Virginia

16 (a) Informant John Morris
(b) Address Box 65 Fullers Pt. Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Charlottesville Va

18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 2nd St. Huntington Williamsport, Md.

19 (Date rec'd by registrar) MAR 23 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 10-50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral edema and hemorrhage — Duration
Due to: Contusion of head
Due to:
Other Conditions: Ruptured of eight tibia and fibula
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-21-42
(c) Where did injury occur? Harmons Pt Rd, Sparrows (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury struck by hit & run driver

Signature H. Z. Wollamsdorf M.D.
Medical Examiner.
Date signed 3-22-42

VS 6

F 90463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-F

Registered No.

F 90463

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2551 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2551 W. Fairmount Ave
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Pa Elgert

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank E. Elgert
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 1, 1891

8. AGE: Years	Months	Days	If less than one day
50	10	19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation House keeper
11. Industry or business In home

FATHER
12. Name Howard A. Lutz
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Alice V. Harford
15. Birthplace Baltimore Maryland

16 (a) Informant Alice Elgert
(b) Address 2551 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director P. B. Wyckert & Son
(b) Address 1700 Eutaw Place

19 (Date rec'd by registrar) MAR 23 1942 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942 at 3:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to March 20 1942 and that I last saw h. alive on Mar 12 1942.

Immediate cause of death Coronary Occlusion — Duration 1

Due to Endocarditis — 2 Yrs

Due to

Other Conditions Arteriosclerosis — 4

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. Kaizenbaugh, M.D.
Address 924 Medical Arts Bldg. Date signed 3/23/42

VS 2

F 90464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-

Registered No. F 90464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Seibold

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Heidler
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 24 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Communipaw Ave

19 (a) MAR 24 1942 (b) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Mch 21 1942, and that I last saw [illegible] alive on Mch 20 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to	
Due to Chronic Myocarditis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall, M. D.
Address 1631 E North Ave Date signed Mch 23-42

VS 3

F 90465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90465 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 Wilson Ln
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 Wilson Ln
(If not, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Austin

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Richard Austin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Pittsburg, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Gosling
13. Birthplace Eng. N.S.

MOTHER
14. Maiden Name Cockburn
15. Birthplace Pa.

16 (a) Informant Robert Gibson
(b) Address 403 Wilson Ln

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (Month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Balto Co

18 (a) Funeral director A. G. Gaddis
(b) Address 7001 Ft Smallwood Rd. Balto. Co.

19 (a) (Date received by registrar) MAR 24 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/21/42 (Month) (day) (year) M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21/42 to 3/21/42, and that I last saw her alive on 3/21/42.

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Sellers M. D.
Address 527 Park Ave Date 3/24/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 90466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111-C

F 90466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 N Hunter St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 N Hunter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race colored

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22/97

8. AGE: Years 47 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER 12. Name John H Murray

13. Birthplace Md.

MOTHER 14. Maiden Name [illegible] (Georgiana)

15. Birthplace [illegible] Md.

16 (a) Informant [illegible] Randall.

(b) Address 210 N Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)

(c) Cemetery or crematory Md Colonial

Location R & Co

18 (a) Funeral director R A Saddler

(b) Address 2101 Mt Royal Ave

19 (Date rec'd by registrar) MAR 24 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 6 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Acute pulmonary Edema

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 3/24/42

VS 6

F 90467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-a

Registered No. F 90467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3230 O'Donnell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Single, Marie E.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Henry G. Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 19th 1910

8. AGE: Years	Months	Days	If less than one day
32	0	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Kratz
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Schreiner
15. Birthplace Md.

16 (a) Informant Henry G. Single
(b) Address 3230 O'Donnell St.

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 ~~St Paul St~~ Huntingdon Ave

19 MAR 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1942 to 3/23 1942, and that I last saw h~~er~~ alive on 3/22 1942.

Immediate cause of death: Pulmonary Embolism
Duration: Instantaneous
Due to: Post operative Abd Hysterectomy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 3/16/42
Major findings of operation: Hemorrhagic Cystic Left Ovary
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul G. Manganaro M. D.
Address 1213 - Light Street Date signed 3-23-42

VS 3

F 90468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 90468

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 N. Patonmac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 N. Patonmac St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Stickel

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23-1858

8. AGE: Years 60 | Months 5 | Days – | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Zimmerman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth –
15. Birthplace Baltimore

16 (a) Informant Henry Stickel
(b) Address 128 N. Patonmac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) MAR 24 1942 Huntington Williams, M.D.

VS 9

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23- 1942 at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1942 to Mar 23 1942, and that I last saw h alive on Mar 22 1942.

	Duration
Immediate cause of death: Cardio vascular failure	2 days
Due to: Uremia - Chronic interst. nephritis	10 days
Due to: Hypertension	2 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lyon C. B. Cook M.D.
Address 232 E. Centre Date signed

F 90469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 90469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Elmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Elmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. France

3 (b) If veteran, name war NA
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband	6 (c) If alive, give age
Female	White	Widowed	John C. France	years

7. Birth date of deceased (mo., day, yr.) 2/9/1858

8. AGE: Years	Months	Days	If less than one day
84	1	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Darby Mahon
13. Birthplace Ireland

MOTHER
14. Maiden Name Winifred Carliss
15. Birthplace Ireland

16 (a) Informant T. Lillian Mahon
(b) Address Notre Dame College

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1267 St. Paul St.

19 MAR 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21st 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18/41 19 to 3/21 1942
and that I last saw h alive on 3/21 1942.

Immediate cause of death Uremia - probable
cause - Murder Insane

Due to

Due to

Other Conditions Carcinoma 1 Uterus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 340 N Dallas Blvd Date signed 3/20/42

VS 3

F 90470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83

Registered No. F 90470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 E. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 E. Lafayette Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Lowe

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband ~~or wife~~ Clarence A. Lowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1881

8. AGE: Years 61 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Sell
15. Birthplace Germany

16 (a) Informant William M. Lowe
(b) Address 2020 N. Charles St

17 (a) Burial (b) Date thereof 3/25/42
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

MAR 24 1942 (b) Huntington Williams H.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22nd 1942, at 2-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 3/22 1942 and that I last saw h. alive on 3/22 1942

Immediate cause of death
Cerebral apoplexy — Duration 3 days
Due to Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Charles Date signed 3/23/42

VS 1

F 90471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90471 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Chatham Nursing Home
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Lancaster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Warner

3 (b) If veteran, name war —
3 (c) Social Security Account No. 1005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John F. Warner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct , 1866

8. AGE: Years	Months	Days	If less than one day
75	5		hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

MOTHER / FATHER
12. Name ~~Mr~~ Launbeck
13. Birthplace Balto Md
14. Maiden Name Kat Kroner
15. Birthplace "

16 (a) Informant William T. Warner
(b) Address 1703 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Matthews
Location Balto Md.

18 (a) Funeral director Jos Cook
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 27 1942 Hunterton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22nd 1942, 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to 3/22 1942 and that I last saw h~~er~~ alive on 3/20 1942

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A Morgan M. D.
Address 1216 Mayfield Date signed

F 90472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1128

F 90472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 South Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTONINA MAKOWIECKI

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Aug. 25, 1899

8. AGE: Years	Months	Days	If less than one day
42	6	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Surdel
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Frank Makowiecki
(b) Address 240 South Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Maryland

18 (a) Funeral director George A Weber
(b) Address 705 S. Caroline St.

MAR 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute Pancreatitis	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Mandelstuff M.D. Medical Examiner
Date signed 3/23/42

VS 6

90473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-c

F 90473 Registered No.

RC(71638)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 S. Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

23-12

3 (a) FULL NAME Clyde Sylvester

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-9841

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1892

8. AGE: Years	Months	Days	If less than one day
49	8	19	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Southway Grill

FATHER
12. Name John Sylvester(d)
13. Birthplace England

MOTHER
14. Maiden Name Lillie Parr (d)
15. Birthplace Pennsylvania

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Hoge

MAR 23 1942 (Date Rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-14 1942, at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1942, to 3-14 1942, and that I last saw h~~im~~ alive on 3-14 1942.

Immediate cause of death: Carcinoma of Testicle with metastases — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-6-42

Major findings of operation: Metastatic Carcinoma of testicle

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Stabler M. D.

Address Balto City Hospital Date signed 3-18-42

VS 3

8044

90474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. 90474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rochelle & Wendley Aves
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Saratoga St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Gibbney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAR 24 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

MAR 23 1942 (Date rec'd by registrar)

Per H. A. Moore
Huntington Williams, M.D.
Registrar

80445

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11- 1942, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection - Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mendelsohn M.D.
Medical Examiner.
Date signed 3-11-42

30475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 166

Registered No. F 30475

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 1011 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Brown.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAR 24 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

Per H. A. Moore

19 (a) MAR 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

8046

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1942 at 8.55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of pelvis & chest

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/7/42 at 8.45 P.M.
(c) Where did injury occur? Balto. (City or town) Balto. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outside (Specify type of place) While at work? No
(e) Means of injury Revolver

23. Signature Wm. Hamilton Wright M.D.
Medical Examiner.
Date signed 3/9/42

F 90476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90476

BC(62056)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 3mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 E. Monument Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

D

3 (a) FULL NAME John Newton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1888

8. AGE: Years	Months	Days	If less than one day
54	1	13	hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Butler

11. Industry or business C.C. Dorsey

FATHER
12. Name Henson
13. Birthplace Washington, DC

MOTHER
14. Maiden Name Josephine Brown
15. Birthplace Washington, D.C.

16 (a) Informant B. M. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL MAR 24 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
Per M. A. Moore

19 (a) MAR 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 1942, at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12-21 1941, to 3-15 1942, and that I last saw h alive on 3-15 1942

Immediate cause of death	Duration
Cardiac failure	7
Due to Hypertensive C.V. disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp. Date signed 3-18-42

VS 3

8048

90477

90477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 90477

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 2027 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Montgomery (Butler 46057)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-16-42
8. AGE: Years Newborn. Months Days 6 If less than one day hr. min. 10
9. Birthplace University of Maryland Hospital (City, county, and state)
10. Usual Occupation
11. Industry or business
12. Name Aaron Butler.
13. Birthplace Baltimore Maryland
14. Maiden Name Rosa Alexander Lee
15. Birthplace Lynchburg Virginia
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 24 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) MAR 23 1942 Per H. A. Higgs
(Date rec'd by registrar) Huntington Hilliard M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-16 1942, at 3 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942, to 3-16 1942, and that I last saw he/she alive on 3-16 1942.
Immediate cause of death
Stillborn Premature
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
1 dy.
9 dys.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Huntington Hilliard M.D.
Address University Hospital Date signed 3-17

VS 8

8047

VA 22495

F 90478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 3421 Paton Avenue, Nr. Pimlico (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Beckett

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 219-05-0709

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Geneva Beckett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1885

8. AGE: Years 56 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation W. P. A.

11. Industry or business

FATHER
12. Name John (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ? (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 25 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

8 (a) Funeral director William A. Dobson
(b) Address 916 Pennsylvania Ave

9 (a) MAR 24 1942 (Date rec'd by Registrar) per Inverting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1942, at 1:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1942 to 3-22 1942, and that I last saw him alive on 3-22-42 1942.

Immediate cause of death Pulmonary embolism — Duration

Due to Thrombophlebitis of axillary & jugular vein

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maynick W. Pullen Jr.
Address Baltimore City Hospitals Date signed 3-23-42

VS 8

F 90479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 90479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1352 W Fremont Ave
(c) Hospital or institution: Universal - Ambulatory
(d) Length of stay in hospital or inst. (yrs., mos., or days) Aug. '41
(e) Length of stay in Baltimore (yrs., mos., or days) 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 W. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Married

6 (b) Name of husband or wife Harry Smith
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept. 25. 1905

8. AGE: Years	Months	Days	If less than one day
36 38	5	26	hr. min.

9. Birthplace Wilson N. C.
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Dolson Johnson
13. Birthplace Warrington Va.

MOTHER
14. Maiden Name Hester Dew
15. Birthplace Wilson N. C.

16 (a) Informant Helen Maud Johnson
(b) Address 1352 W. Fremont Ave.

17 (a) Burial (b) Date thereof 3-26-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location Baltimore Md

18 (a) Funeral director William A. Watson
(b) Address 916 Penna Ave

MAR 24 1942

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 3.03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942 to Mch 22 1942 and that I last saw h alive on March 22 1942.

Immediate cause of death Carcinoma Uteri — Duration 8 mos +

Due to

Due to

Other Conditions Vaginal Discharge Pain - Prostration
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Wright
Address 1209 Preston Ave Date signed 3/22/42 (M. D.)

VS 3

F 90480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-5-1890

8. AGE: Years	Months	Days	If less than one day
52	—	15	hrs. min.

9. Birthplace Staunton Va
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business Odd jobs all

FATHER 12. Name John H Brown
13. Birthplace Va

MOTHER 14. Maiden Name Charlotte Lewis
15. Birthplace Va

16 (a) Informant Julia Kilbreth
(b) Address 411 N. Mount St

17 (a) Shipped (b) Date thereof 3-25-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Chapel Cemetery
Location Staunton Va

18 (a) Funeral director William A Jackson
(b) Address 946 Pennsylvania Ave

MAR 24 1942
(Date rec'd by registrar)

(b) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1942 to Mar 21 1942
and that I last saw h alive on 19

Immediate cause of death Pneumonia Myocarditis — Duration 2 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature G. C. Lewis M. D.
Address North Fork Va Date signed Mar 23 1942

F 90481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90481 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 451 St Mary's St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 451 St. Marys St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BRENDA COLES (Birth F 39666)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-41

8. AGE: Years | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Raymond D. Cole
13. Birthplace Va.

MOTHER 14. Maiden Name Ruby Barrett
15. Birthplace Balto

16 (a) Informant Ruby B. Coles
(b) Address 451 St Mary's St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 941 Druid Hill Ave.

MAR 24 1942
(Date rec'd by registrar)

19 (a) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 9:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 3-22-42

VS 6

F 90482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 P

F 90482 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street address 644 N. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Page

3 (b) If veteran, name war | 3 (c) Social Security Account No. B

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Daisy Page
6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) 1892 ?

8. AGE: Years	Months	Days	If less than one day
50	7	3	hr. min.

9. Birthplace Md ? (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Daisy Page
(b) Address 644 N. Biddle st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAR 24 1942 Signature for Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/1942 at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16/1942 to 3/19/1942 and that I last saw h. alive on 3/19/1942

Immediate cause of death Cardiac Failure — Duration

Due to Essential Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George John Ulrich
Address 644 N. Biddle St. Date signed 3/19/42

VS 3

F 90483 (Birth F- 29994)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90483 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Orchard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOLORES TAYNE or Payne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F mo	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1941

8. AGE: Years	Months	Days	If less than one day
	9	6	hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Earl Payne
13. Birthplace Phila Pa.

MOTHER 14. Maiden Name Mabel Diggs
15. Birthplace Balto md.

16 (a) Informant Mabel D. Payne
(b) Address 507 Orchard st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

MAR 24 1942 (Date rec'd by registrar)

(a) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
primary	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Co. Medical Examiner.
Date signed 4-22-42

VS 4

MA F 20 90484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

F 90484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balto City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Jasper Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Jenkens (Mary Staten)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1883

8. AGE: Years	Months	Days	If less than one day
58	3	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Staton
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Katie Garrison
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by Registrar) MAR 24 1942 (b) Name of Registrar Huntington-Williams Memorial

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 1942 at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 3-21 1942 and that I last saw her alive on 3-21 1942.

Immediate cause of death Carcinoma of Esophagus — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 3-18-42

Major findings of operation: Esophagoscopy, gastrostomy

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Slatt M. D.
Address Balto City Hosp Date signed 3-23-42

VS 3

412715

F 90485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D

F 90485

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Fort Lauderdale (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 N. E. 3rd Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry Murdock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-14

8. AGE: Years	Months	Days	If less than one day
28	2	5	hr. min.

9. Birthplace Okla (Town, county, and state)

10. Usual Occupation Dietician

11. Industry or business

FATHER
12. Name John Murdock
13. Birthplace Ga

MOTHER
14. Maiden Name Martha Tarbutton
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof 3 24 1942 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln
Location Prince George

18 (a) Funeral director John D. Mitchell
(b) Address 1918 Eastern Ave

24 1942 (Date received by registrar) (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942 at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1942 to Mar. 23 1942 and that I last saw him alive on Mar 23 1942

Immediate cause of death

Congenital aganglionic brain Constriction of ileum Foramen of Magendie

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: As above

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.

Address Johns Hopkins Hosp Date signed 3-24-42

VS 3

F 90486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: Do Balto Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 William St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4743

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 2 1867

8. AGE: Years	Months	Days	If less than one day
74	5	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Tanner
11. Industry or business Hat Stamping Inc

FATHER
12. Name Samuel P Johnson
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Hoffman
15. Birthplace Balto

16 (a) Informant Mr Charles W. Johnson
(b) Address 832 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)
(c) Cemetery or crematory Int Olivet
Location Frederick Ave

18 (a) Funeral director William M Moreck
(b) Address 715 Light St

MAR 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1942, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1942 to March 20 1942 and that I last saw him alive on March 20 1942.

Immediate cause of death Cardiac failure
Due to Bronchopneumonia
Due to
Other Conditions General arteriosclerosis (Include pregnancy within 3 months of death)

Duration
5 days

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Wingard M. D.
Address 1213 Light Street Date signed 3-30-42

VS 3

F 90487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59-B

F 90487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or present limits, write RURAL or name of town)
(d) Street No. 1603 W. Fayette St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Robert Lee Elseroad

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-07-4765

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Marie Elseroad

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct. 21-1893

8. AGE: Years 58 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, state or foreign country)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Nelson Elseroad.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Caroline
15. Birthplace Balto. Md.

16 (a) Informant Marie Elseroad
(b) Address 603 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director Jno. H. Valentine
(b) Address 2326 Aiken St.

MAR 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 21 - 1942 at 2:5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-1942 to 3-21-1942 and that I last saw h alive on 3-20 1942

Immediate cause of death: Primary Anemia — Duration: Unknown

Due to

Due to

Other Conditions: Arthritis — Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Aylett M. D.

Address 710 N Harford Rd Date signed 3-23-42

VS 3

F 90488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 90488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3617 ROBERTS PLACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3617 ROBERTS PLACE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ERNEST HAINES

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212 14 2501

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
MALE	WHITE	DIVORCED		years

7. Birth date of deceased (mo., day, yr.) MAR. 13 1875

8. AGE: Years	Months	Days	If less than one day
67	0	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NIGHT WATCHMAN
11. Industry or business EPSTEINES DEPT. STORE

FATHER 12. Name	UNKNOWN
13. Birthplace	UNKNOWN
MOTHER 14. Maiden Name	UNKNOWN
15. Birthplace	UNKNOWN

16 (a) Informant SAMUEL HAINES (SON)
(b) Address 2407 WESTPORT AVE.
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 24/42 (month) (day) (year)
(c) Cemetery or crematory MEADOWRIDGE
Location WASHINGTON BLVD.
18 (a) Funeral director Eilbert Funeral Home
(b) Address 403 S. WOLFE ST.
19 MAR 24 1942 (Date rec'd by registrar) (b) H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH MAR. 21 1942, at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938 to March 21 1942.
and that I last saw him alive on March 21 19 42

	Duration
Immediate cause of death: Acute Myocardial Dilatation	1 day
Due to: Chr. Myocarditis & Arteriosclerosis & Bronchitis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas. E. Smith M.D.
Address 2007 E. Fort Ave. Date signed 3/24/42

VS 5

F 90489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-31-42

F 90489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 19 Belmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Joanna M. Linn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1907

8. AGE: Years	Months	Days	If less than one day
34	5 6	3 14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John T. Schriefer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Ridel
15. Birthplace Germany

16 (a) Informant Husband
(b) Address

17 (a) Burial (b) Date thereof 3/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

MAR 24 1942
(Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20- 1942, to 3-21 1942, and that I last saw her alive on 3-21 1942.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Possible Ch. Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1 E. Lex. St. Date signed 3/24/42

F 90490 F 90490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 Division Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY NORRIS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 579-06-138

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Hewett
6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): May 18, 1899

8. AGE: Years: 42 | Months: 10 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Northumberland County, Virginia (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: Albert Norris
13. Birthplace: Northumberland County, Va.

MOTHER
14. Maiden Name: Lula Johnson
15. Birthplace: Northumberland County, Va.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory
Location Relpsang Ch Va

18 (a) Funeral director Geo. S. Nelson
(b) Address 1303 Presstman

MAR 24 1942 Huntington Williams, M.D.
(Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1942 at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 1942 to March 21 1942 and that I last saw him alive on March 21, 1942.

Immediate cause of death: Uremia — Duration: Unknown

Due to: Malignant nephrosclerosis — Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Arthur M. D.

Address US Marine Hospital Baltimore, Maryland. Date signed 3/23/42

F 90491 (Birth F-34539) F 90491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH: 1008 S. Sharp St.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 S. Sharp St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helliard Jerome Hon Crippen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1941

8. AGE: Years 6 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Leonard Crippen.
13. Birthplace Balto.

MOTHER
14. Maiden Name Millie Cheseldine
15. Birthplace S. Carolina.

16 (a) Informant Leonard Crippen.
(b) Address 1008 S. Sharp St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3 24 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Balto.

18 (a) Funeral director Walter B. Spigler
(b) Address 1311 W. Hamburg St.

19 (a) MAR 24 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1942 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1942 to Mar. 23 1942 and that I last saw him alive on Mar. 23 1942.

Immediate cause of death (Pneumonia (Lobar) (Bilateral)) Duration 2 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ypothetically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. White M. D.
Address 243 George St Date signed 3-23-42

F 90492
JN 72415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-B Registered No. E 90492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1939 N. Perlman Place (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Dean

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Grace
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) Mar. 12, 1887
8. AGE: Years 55 | Months 0 | Days 10 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Penna. R.R.

FATHER
12. Name Thomas (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Oden
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Cemetery
Location Point of Rocks, Md.

18 (a) Funeral director Weydell & Humphreys
(b) Address 501 S. Broadway

19 MAR 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22 1942 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-22 1942 and that I last saw h alive on 3-22 1942

Immediate cause of death: Pulmonary Oedema
Due to: Bronchopneumonia — Duration: 1 hour 5 days
Due to: Regional Enteritis with intestinal obstruction — 2 wks
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3-16-42
Major findings of operation: Regional Enteritis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Boyle M. D.
Address Balt City Hosp Date signed 3-13-42

VS 8

Via Pa. R.R. Mrs Grace L. Dean (Escort)

F 90493

SS 72649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

F 90493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Henneberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1870

8. AGE: Years	Months	Days	If less than one day
72	1	3	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Unemployed

FATHER
12. Name Hiram Henneberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Hoover
15. Birthplace Pennsylvania

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

MAR 24 1942 (b) Huntington, W. Va.
(Must not be filled in by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1942, at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1942 to 3-22 1942 and that I last saw h alive on 3-22 1942

Immediate cause of death: Cardiac failure — Duration: 3 weeks
Due to: ? Rheumatic heart disease — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp Date signed 3-22-42

VS 1

F 90494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-8

F 90494 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 E. Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Rosenbloom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia.
(Town, county, and state or foreign country)

10. Usual Occupation Mfg. Jeweler

11. Industry or business

MOTHER FATHER

12. Name Not Known

13. Birthplace Russia

14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Hosp. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto. & Gorsuch Sts

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

19 MAR 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1942 at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942 to March 23 1942 and that I last saw h[illegible] alive on Mar. 21 1942.

Immediate cause of death Cardiac decompensation & pulm. edema

Due to Urinary Retention & Toxemia, Coliemia

Due to Urethral Stricture

Other Conditions arteriosclerotic CV disease, Pneumonia

(Include pregnancy within 3 months of death)

Date of operation March 17 1942

Major findings of operation: Urinary & retention

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Marquette Zieler

Address Sinai Hospital Date signed 3/25 M. D.

VS 3

F 90495

F 90495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Chapelgate Lane
(c) Hospital or institution:
no
(d) Length of stay in hospital or inst. (yrs., mos., or days) all
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city corporate limits, write RURAL and give town)
(d) Street No. 505 N Chapelgate Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

28 +

3 (a) FULL NAME Mary C Beck -

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3rd 1868

8. AGE: Years 73 74 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business None

FATHER

12. Name Christian Hammen

13. Birthplace Germany -

MOTHER

14. Maiden Name Christina Sease

15. Birthplace Germany

16 (a) Informant Mrs Frank Glenn

(b) Address 505 N Chapelgate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 - 42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Sec 157 - Union Square Ridge

18 (a) Funeral director Charles P Tyndall

(b) Address 2427 Edmondson Ave Catonsville, Md.

19 MAR 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1941. to March 23 1942. and that I last saw h alive on March 22 1942.

Immediate cause of death

Metastasis

Due to Carcinoma of Left Breast

Due to

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Mann M. D.

Address 16 Cathedral St Date signed March 24 1942

VS 3

F 90496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-N Registered No.

F 90496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 W Mulberry
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Aron Hill

13. Birthplace Va

MOTHER

14. Maiden Name Margaret Reid

15. Birthplace Va

16 (a) Informant Lou Thompson

(b) Address 1605 Mulberry St

17 (a) Burial (b) Date thereof 3/24/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.A. Co Md

18 (a) Funeral director Josiah L Brown Son

(b) Address 1084 Monroe Emory St

19 (a) (Date) MAR 24 1942 (b) Huntington W Va

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942 to March 23 1942, and that I last saw h alive on 3/1 1942.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension Cardiac Failure Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
M. D.
Address 803 N Mt
Date signed

VS 2

F 90497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-B

Registered No. F 90497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 N Rutledge ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N Rutledge
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvia Theresa Gatto

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/2/1923

8. AGE: Years	Months	Days	If less than one day
18	9	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Scholar
11. Industry or business

MOTHER / FATHER
12. Name Bruno Gatto
13. Birthplace Italy.
14. Maiden Name Josephine Vanzana
15. Birthplace Italy

16 (a) Informant Mr Bruno Gatto
(b) Address 310 N Rutledge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Cohen & Sons
(b) Address 1818 Eutaw St.
Huntington Williams Mortician

MAR 24 1942 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/12/1941 to 3/27/1942
and that I last saw h alive on 19

Immediate cause of death	Duration
Cardiac decompensation -	1 mo.
Due to Endocarditis -	2 mo.
Due to Inflammatory Rheumatism -	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Zamarok M. D.
Address Medical Arts Bldg Date signed

VS 3

F 90498

F 90498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert
(c) Hospital or institution: union memorial hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Stafford Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Detrick

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Lou. Detrick (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10 1860

8. AGE: Years	Months	Days	If less than one day
82	0	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Louis F. Detrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Kunstad
15. Birthplace Maryland

16 (a) Informant Mrs. Louis Detrick
(b) Address Monkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Henry H. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 MAR 24 1942 (Written must be by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1942 to Mar 24 1942, and that I last saw him alive on Mar 24 1942

Immediate cause of death	Duration
Cardiorespiratory failure	4 days
Due to Bronchopneumonia	
Due to Acute coronary occlusion	10 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Faed M.D.
Address Union Memorial Hosp. Date signed 3-24-42 M. D.

VS 1

F 90499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered 90499

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 245 Silver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 295 Silver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy P. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	M.

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 3/15/92

8. AGE: Years	Months	Days	If less than one day
49	11	26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Jessie Gibney
15. Birthplace Va.

16 (a) Informant Samuel Lewis
(b) Address 245 Silver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) MAR 24 1942 Huntington Williamsburg, Va.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH (month) Mar (day) 21 (year) 1942 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1942 to Mar 21 1942 and that I last saw her alive on Mar 21 1942

Immediate cause of death Acute Lobar Pneumonia — Duration: Mar 18 1942

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo S Allen
Address 12 Pasquilot Date signed 3-24-42

VS 8

F 90590 CF 72148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 90500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 247 S. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife Carrie (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, ? 1863

8. AGE: Years	Months	Days	If less than one day
79	0 2		hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation lumber hauling

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Sallie Barch
15. Birthplace N. C.

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24th, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Nelson
(b) Address 1000 Brantley Ave

(a) Filed by registrar (b) Huntington Williams, M.D. Registrar

MAR 24 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/42 1942, at 4:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1942, to 3/19 1942, and that I last saw him alive on 3/19 1942.

Immediate cause of death	Duration
Cardiac Failure	7
Due to Luetic Heart Disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Goodman, M. D.
Address Balto. City Hosp. Date signed 3/20/42

F 90501 1942 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-R F 90501 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 241 Bethel Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town, write RURAL and give town)
(d) Street No. 241 Bethel Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sherman Cypress

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Alma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25 1899

8. AGE: Years 42 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER 12. Name Jes. Cypress

FATHER 13. Birthplace Va

MOTHER 14. Maiden Name Not known

MOTHER 15. Birthplace

16 (a) Informant Alma Cypress

(b) Address 241 Bethel Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)

(c) Cemetery or crematory ~~Mt~~ Arbutus Memorial

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 W. Granby ave Huntington Md

19 MAR 24 1942 (b) Baltimore, Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942 at 3:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: (a) Bronch-Pneumonia — Duration: a

Due to:

Due to:

Other conditions: Hypertensive Cardio-Vascular disease
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify true of place)
(e) Means of injury

23. Signature W. J. Holbrook M.D.
Medical Examiner.

Date signed 3/22/42

VS 6

F 90592 CALVARY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

F 90502

CERTIFICATE OF DEATH 93-D

Reg. Dist. No. 15

1. PLACE OF DEATH: County ____ City or town Baltimore md. (If outside city or town limits, write RURAL and give nearest town) 601 Collett St

How long in above place of death? ____

Hospital, institution, or street address where death occurred: ____

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give mother's residence)

State 601 Collett St County Maryland

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 601 Collett St.

(If rural, give LOCATION)

2.(a) If veteran, name war ____

3. (a) FULL NAME Margaret Calvary

3. (b) Social Security Number ____

4. Sex Female | 5. Color or race Colored | 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife John Calvary

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 51 yrs | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Carroll Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business ____

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant Sarah Hackett (Granddaughter)

Address 601 Collett St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 25 1942 (month) (day) (year)

Cemetery or crematory Mt Calvary Cemetery

Location ____

18. Funeral director Wm Brooks

Address 1463 N. Carey St

19. MAR 24 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to March 21 1942 and that I last saw h[illegible] alive on March 20 1942

Immediate cause of death Acute Dilatation of Heart — Duration 3 days

Due to Arteriosclerosis — Duration 2 years

Due to Chronic Myocarditis — Duration 8 years

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Charles E. Clark M.D.

Address 3214 Poderal St. M. D. Date signed 3/24/42

F 90503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered F 90503

PLEASE WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Spalding Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Spalding Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Feldhaus

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence M. Feldhaus
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug. 5 - 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	7	18		

9. Birthplace Meriden Conn (Town, county and state)
10. Usual Occupation Retired Painter
11. Industry or business

FATHER
12. Name John Feldhaus
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Mooney
15. Birthplace Ireland

16 (a) Informant Florence M. Feldhaus
(b) Address 3701 Spalding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 3 (day) 26 (year) 42

(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas H. Erault & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

MAR 24 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 - 1942 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 40, to March 23 1942 and that I last saw h. l. alive on March 23 19 42

Immediate cause of death
Hypertension Cardiovascular Disease with Cardiac Decomp
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence J. Lennon M.D.
Address 3711 Falls Rd Date signed 3-24-42

F 90504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1236 N. Ellwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles M. Cousins

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7408

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widow

6 (b) Name of husband or wife Elizabeth Coster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 - 1872

8. AGE: Years	Months	Days	If less than one day
69	9	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Collector

11. Industry or business Nat. Window Cleaning Co

FATHER
12. Name John Cousins
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Mesickson
15. Birthplace Baltimore Md.

16 (a) Informant Walter G. Cousins
(b) Address 1236 N Ellwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Clayton P. Hoffman
(b) Address 1639 N Broadway

19 (a) MAR 24 1942 (Date received by Registrar) Hudson Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/23 1942 at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1942 to 3/23 1942 and that I last saw him alive on 3/23 1942.

Immediate cause of death Miliary Tuberculosis

Due to

Due to

Other Conditions Chronic Bronchitis Arteriosclerosing general

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
one
month
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature V. [illegible] Investigator

Address St Joseph's Hospital Date signed 3/23/42 M.D.

VS 1

F 90505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 S.Clinton St. (If rural give location)
(e) Citizen of foreign country? N (Yes or No) If yes, name country

3 (a) FULL NAME Mary F.Bollack

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Bollack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1864

8. AGE: Years	Months	Days	If less than one day
78	2	15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Conrad Slipper
13. Birthplace Germany

MOTHER 14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Mrs. Caroline Wood
(b) Address 922 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 1639 N. Broadway

19 (Date rec'd by Local Registrar) MAR 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1942, at 8 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Mar 22 1942, and that I last saw [illegible] alive on Mar 21 1942.

Immediate cause of death: Arteriosclerosis C.V. Disease, Chronic nephritis
Due to: Cerebral Hemorrhage
Terminal Bronchopneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: None

Duration
1935 -
Jan 15/42
Mar 19/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 826 E. Fort Ave. Date signed 3-24-42

VS 2

90506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Taylor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C. H. Seifert

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-10-0595

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 23 1907

8. AGE: Years	Months	Days	If less than one day
34	5		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Pressman

11. Industry or business Baltimore News-Post

FATHER — 12. Name Charles Seifert

13. Birthplace Baltimore, Maryland

MOTHER — 14. Maiden Name Katherine O'Connor

15. Birthplace Baltimore, Maryland

16 (a) Informant Anna M. Seifert

(b) Address 2500 Taylor Ave Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville Md

18 (a) Funeral director Wallace Cook

(b) Address 1217 E Coal St

19 (Signature) Huntington Williams M.D. Registrar

MAR 24 1942

Vol 25 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 2:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/3

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 3/23/42 at 1:30 a M

(c) Where did injury occur? Baltimore (City or town) Baltimore (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No

(e) Means of injury: Auto Accident Struck by Pole

23. Signature Thos H Sanderlin M.D. Medical Examiner.

Date signed 3/23/42

F 90507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James M-W Harry - "James M. Wharry"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	W	Married

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 6/23/1874

8. AGE: Years	Months	Days	If less than one day
67	9	—	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Wm. H. Harry
13. Birthplace Maryland

MOTHER
14. Maiden Name Wark
15. Birthplace Maryland

16 (a) Informant Mrs. Gertrude J. Wharry
(b) Address 231 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director T. B. Wiseheart & Son
(b) Address 1300 Eutaw Pl. Ave

19 (a) Date received by Registrar MAR 24 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942 at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1942 to Mar. 23 1942 and that I last saw h.i M. alive on March 23 1942

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Pownall

Address 14 Agnes Date signed 3/24/42

F 905 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90508

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Volunteers of America Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM BEAN

If U. S. Veteran specify WAR

(a) Residence: No. 1301 W. Pratt St. St. 19-3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park March 25 1942

19. UNDERTAKER Harry H. Wilko

(Address) 1101 Edmondson

20. FILED 19 Registrar

MAR 24 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1942 to March 23 1942

I last saw him alive on March 23, 1942 Death is said to have occurred on the date stated above, at 3.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute respiratory failure	3 days
Chronic cardiac failure	
Arteriosclerosis cerebri	
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard Yoge, M. D.

(Address) Volunteers of America Hosp.

PLEASE PRINT PLAINLY WITH UNFADING INK—TYPEWRITING PREFERRED. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90509 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

10-2

3 (a) FULL NAME Ellie Wilson 72677

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-9015

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1904

8. AGE: Years	Months	Days	If less than one day
37	4	17	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Manor
13. Birthplace N.C.

MOTHER
14. Maiden Name Nannie Shield
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md
Robert Williams
18 (a) Funeral director
(b) Address 15-15-McElderry St

19 MAR 24 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22 19 42 at 9:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 19 42 to Mar. 22 19 42 and that I last saw him alive on Mar. 22 19 42

Immediate cause of death Pulmonary tuberculosis — Duration 9 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 3-23-42

VS 8

413084
F 90510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

Registered No. F 90510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Bal. Pk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 95 Route 10
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lois Stager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-42

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Guy Stager
13. Birthplace Md

MOTHER
14. Maiden Name Beck Cady
15. Birthplace Minn

16 (a) Informant Branch
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAR 24 1942
Location Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAR 24 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17- 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1942 to 3-17 1942 and that I last saw her alive on 3-17- 1942.

Immediate cause of death: Asphyxia Neonatorum — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anna Fulahen M. D.
Address Johns Hopkins Hosp Date signed 3-R-42

VS 3

8049

412439 F-90511 F 90511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159 Registered No.

F 90511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A Arundel
(c) City or town Curtis Bay P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenland Beach (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kathryn Norris no 12

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-42

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Bernard Norris
13. Birthplace Md

MOTHER 14. Maiden Name Kathryn Kiel
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (Signature of Registrar) MAR 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 17 1942 at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 3 1942 to MAR 17 1942, and that I last saw her alive on MAR 17 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anna Faerber M. D.
Address John Hopkins Date signed 3/18/42

VS 3

8056

F 90512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 90512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 879 Belgian ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine J. Gilbert

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Edgar Gilbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1892

8. AGE: Years	Months	Days	If less than one day
49	10	19	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Trott
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sarah Ann Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John A. Mahon
(b) Address Greenmount Ave. & 43rd St.

MAR 24 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22/1942 at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22/1942 to 3/22/1942, and that I last saw h alive on 3/22/1942

Immediate cause of death: Cachexia — Duration 5 wks.
Due to: Abdominal carcinomatosis 1 yr.
? Primary site
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Ritchey M. D.
Address Church Home + Infirmary Date signed 3/22/42

VS 1

90513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56.2 Registered No. E 90513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. & London ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County York
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1654 Monroe St.
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth B. Schultz

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Nelson C. Shultz
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug. 25. 1889

8. AGE: Years	Months	Days	If less than one day
53	6	29	hr. ___ min.

9. Birthplace Wilmington Delaware
(Town, county, and state)
10. Usual Occupation House Duties
11. Industry or business Own home

FATHER
12. Name Daniel Barlow
13. Birthplace England

MOTHER
14. Maiden Name Bertha Patterson
15. Birthplace Wilmington Delaware

16 (a) Informant Nelson C. Shultz
(b) Address 1654 Monroe St - York. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27. 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Rose
Location York. Pa.

18 (a) Funeral director William Cook
(b) Address 127 E. St Paul St.

19 MAR 24 1942 (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942, at 2.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942, to 3/24 1942, and that I last saw her alive on 3/23 1942

Immediate cause of death: Acute pulmonary edema — Duration
Due to
Due to
Other Conditions Hypertension & Pneumonia
(Include pregnancy within 3 months of death)
Date of operation March 23, 1942
Major findings of operation: Chronic cholecystitis
Fibroid in broad ligament (left)
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M.D.
Address Md. General Hospital Date signed 3/24/42
Baltimore, Md.

VS 3

F 90514

n 88 57672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46G Registered No. F 90514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Holy Cross Cemetery
Harford Rd & Erdman Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Hurley

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John T. Hurley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1870

8. AGE: Years	Months	Days	If less than one day
71	2	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ? at Home
11. Industry or business

FATHER
12. Name Daniel O'Conner
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Gillespie
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md.

18 (a) Funeral director George J. Puth Inc.
(b) Address 1716 Harford Ave.

19 MAR 24 1942 Registrar Wilmer Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1942 at 8 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-23 1940 to 3-22 1942 and that I last saw h[illegible] alive on 3-22 1942

Immediate cause of death Broncho pneumonia — Duration 5 days
Due to
Due to Carcinoma of Head of pancreas — Duration 3 mo.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 2-17-42
Major findings of operation: Ca Head of pancreas
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Burkett M.D.
Address Balto City Hosp Date signed 3/23/42

VS 3

F 90515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 W Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine Ballenger

3 (b) If veteran, name war No

3 (c) Social Security Account No. [illegible]

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife [illegible] Ballenger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1866

8. AGE: Years 75 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Sam Polen
13. Birthplace Virginia

MOTHER 14. Maiden Name Adelaide Polen
15. Birthplace Virginia

16 (a) Informant Mrs Eloise Jensen
(b) Address 16 W Preston St

17. Buried (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Mahoney & Son
(b) Address 1217 E Fayette St

19 (a) Filed Mar 25 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 19 42 to March 23 19 42, and that I last saw her alive on March 23 19 42.

Immediate cause of death Arteriosclerotic Cardio Vascular Renal Disease

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Bloom M.D.
Address 206 E. Preston St Date signed 3/24/42

VS 1

F 90516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F 90516
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Last 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 N. Broadway
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED COULTER

3 (b) If veteran, name war Wor Ct
3 (c) Social Security Account No. —— M&E

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth F. Coulter
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30th 1894

8. AGE: Years	Months	Days	If less than one day
47	11	24	hr. min.

9. Birthplace Balto Md
(Town, county and state)
10. Usual Occupation Police Sergeant
11. Industry or business City of Balto.

FATHER
12. Name John F. Coulter
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth McClemens
15. Birthplace Balto Md.

16 (a) Informant John Coulter
(b) Address 2752 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

MAR 25 1942 (b) Registrar
Date received by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1942, to 3/24 1942, and that I last saw him alive on 3/24 1942

Immediate cause of death	Duration
Meningococcus meningitis	3 wks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence S. Cannon, M.D.
Address University Hospital Date signed 3/24/42

Lexington Williams, M.D.

F 90517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-B

F 90517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rensterstown Rd. - City
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos. 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos. 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Germantown Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. Fairfield apts, Wayne ave & Rehoboth Lane (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Metta Alice Snyder

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	6	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W. Wills
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Catherine Dougherty
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mt. Hope Records
(b) Address Rensterstown Rd. - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre Cemetery Location Philadelphia, Penna.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOGGER SUC.) 108 W. NORTH AVENUE

19 MAR 25 1942 Registrar's number Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1942 at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14 1941 to 3/24 1942 and that I last saw h alive on 3/24 1942

Immediate cause of death

	Duration
Bronchial Paralysis	3 hrs.
Due to Spirochete Pallida	
Due to Acute Vascular Collapse	2 Hrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel T. Clagg M.D.
Address 3216 Ashburton [illegible] signed

VS 8

F 90518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 90518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 St Paul St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 St Paul St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Dessie Stancock

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none
4 Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan. 9-1863
8. AGE: Years 79 | Months 2 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John J. Stancock
13. Birthplace Ala-Md.

MOTHER
14. Maiden Name Francis A. Eichberger
15. Birthplace Balto Md

16 (a) Informant Mr. James E. Stancock (bro)
(b) Address 2127 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Edward Mayne Co.
(b) Address 108 W Monument.

19 (a) MAR 25 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1940 to March 23 1942 and that I last saw her alive on August 11 1942

Immediate cause of death: Cerebral Embolism — Duration 2 months

Due to Mitral regurgitation — Many years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irene M. Smith, M.D.
Address 2435 Maryland Ave Date signed 3/24/42

Huntington Williams, M.D.

F 90519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D F 90519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Russell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR LIGGINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5154

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Skill Labor

11. Industry or business

FATHER 12. Name Fleming Liggins

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Liggins

15. Birthplace Va.

16 (a) Informant Beatrice Liggins

(b) Address 1051 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location Brookland

18 (a) Funeral director Elroy O Wilson

(b) Address 1090 Brantley

19 MAR 23 1942 (Date rec'd by registrar) (b) Huntington Hill

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942, at 8 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Chronic alcoholism

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Z Wollenweber Asst Medical Examiner M.D.

Date signed 3-23-42

F 90520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 90520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 1408 Arlington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 086-14-6307

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7th 1908

8. AGE: Years	Months	Days	If less than one day
33	4	14	hr. min.

9. Birthplace Georgia
(town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Albert Jasper
(b) Address 31 So Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Byron Marion H. Wright
(b) Address 721 Augusta St

19 (a) MAR 25 1942 (Date rec'd by registrar) (b) Penitentiary for Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21- 1942, and 5:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Stab Wound of Heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3-21-42 at 4.30 A M
(c) Where did injury occur? 1408 Arlington Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Sharp instrument Table

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-21-42

VS 6

F 90521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90521

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1218 Light Street

(c) Hospital or institution: South Baltimore General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Dundalk

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6015 Holabird Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Fred Herzberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-7643

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Caroline Herzberg

6 (c) If alive, give age 4 years

7. Birth date of deceased (mo., day, yr.) June 03-1897

8. AGE: Years	Months	Days	If less than one day
45	9	1	hr. min.

9. Birthplace Allegheny Co (Town, county, and state) Pa

10. Usual Occupation

11. Industry or business Bethlehem Steel

FATHER 12. Name Fredk H. Herzberg

13. Birthplace Pa

MOTHER 14. Maiden Name Dorothy Lenox

15. Birthplace Pa

16 (a) Informant Caroline Herzberg

(b) Address 6015 Holabird Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 (month) (day) (year)

(c) Cemetery or crematory St Matthews Cem

Location Balto City

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St

19 (a) MAR 25 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1942 at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1942 to 3/24 1942 and that I last saw h alive on 3/23 1942.

Immediate cause of death Acute heart failure

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as stated above

Duration
8 d.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert W. Allen M. D.

Address So. Balto. Gen. Hosp. Signed 3/24/42

F 90522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90522 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 E Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 E Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard G Yaeger

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 216-05-7755

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Yaeger 40
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1889

8. AGE: Years 52 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace March Chunk Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Geo Yaeger
13. Birthplace Pa

MOTHER
14. Maiden Name Clara Zeisinger
15. Birthplace Pa

16 (a) Informant Mrs Ruth Yaeger
(b) Address 2229 E Balto St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 26- (month) (day) (year)

(c) Cemetery or crematory
Location March Chunk Pa

18 (a) Funeral director John Ulrich
(b) Address 202 Orleans

19 (a) [illegible] (Signature of local registrar) Huntington Williams, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942 at 3 25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 1939 to March 24 1942 and that I last saw [illegible] alive on March 24 1942

Immediate cause of death: Pericardial Carcinomatosis — Duration 6 mo.
Due to Carcinoma Prostate — 3 yrs
Due to
Other Conditions
(Include pregnancy within three months of death)
Date of operation Feb 1941 Carcinoma
Major findings of operation Prostate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mac F Deming 60
Address 7007 Ft Ruth Date signed 3/24/42

F 90523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 90523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Parkside Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Parkside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Hoyer

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella M. Hoyer
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 14 1876

8. AGE: Years	Months	Days	If less than one day
65	11	9	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER
12. Name John Hoyer
13. Birthplace Pa

MOTHER
14. Maiden Name Dont Know
15. Birthplace Pa

16 (a) Informant Mrs Ella M Hoyer
(b) Address 3405 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director John Uelzmann
(b) Address 2008 Orleans St

19 (a) MAR 25 1942 (Date received by registrar) Lurton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22- 1942 at 1.35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy therein and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy, do hereby find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 3-23-42

VS 6

F 90524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 90524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3140 Remington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3140 Remington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Nolan.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-2697

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Mary Nolan
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 28, 1880

8. AGE: Years	Months	Days	If less than one day
61	11	25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Freight Elevator Operator
11. Industry or business May Co.

FATHER
12. Name Peter Nolan.
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Guinan.
15. Birthplace Md.

16 (a) Informant Mary Nolan.
(b) Address 3140 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral.
Location Edmondson Ave.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) MAR 25 1942 (Date received by Local Registrar) Huntington Hollins (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1942, at 1 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942, to March 1942 and that I last saw him alive on March 23 1942.

Immediate cause of death	Duration
Cerebral Hemorrage.	2 hours
Due to Hgh blood pressure	3 mo.
Due to arteriosclerosis	3 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth Norton Jr. M.D.
Address 2706 Pt Paul St Date signed 3/26/42

VS 3

F 90525 BALTIMORE CITY HEALTH DEPARTMENT F 90525

CERTIFICATE OF DEATH 93-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1251 Orleans st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 Orleans st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary S Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1874

8. AGE: Years 67 | Months 10 | Days 1312 | If less than one day hr. min.

9. Birthplace Staunton Va (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Patsy Lovings

15. Birthplace Va

16 (a) Informant Fannie Lewis

(b) Address 1251 Orleans st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location Anne Arundel County Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) (Date rec'd by registrar) MAR 25 1942 (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-22 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1942, to 3-22 1942 and that I last saw her alive on 3-22 1942

Immediate cause of death Cerebral Apoplexy — Duration 1 wk

Due to

Due to

Other Conditions Acute Pneumonia — Duration 1 d

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. L. Leary

Address 1420 E. Chase Date signed 3-24-42

F 90526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-or F 90526 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Wilcox St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Wilcox St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary J. Nolan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Michael F. Nolan
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) May 14, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	10	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at Home

FATHER
12. Name Timothy O'Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Brien
15. Birthplace Ireland

16 (a) Informant Mrs. Michael F. Nolan
(b) Address 1310 Wilcox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Lager St.

19 (a) Mar 25 1942 (Date rec'd by registrar) Washington Hollingsworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24th 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1936 to March 24 1942 and that I last saw h[illegible] alive on March 24 1942

Immediate cause of death	Duration
congestive heart failure	2 wks
Due to arteriosclerosis & regurgitation	?
Due to arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Finlayson M.D.
Address 714 E. Preston St Date signed 3/25/42

VS 3

F 90527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-42 F 90527
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 N. Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Gilmor St
(If rural, give District)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Roy Taylor.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Col
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Henry Taylor
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) Aug 6 1892
8. AGE: Years 49 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and State)
10. Usual Occupation Domestic
11. Industry or business General work

FATHER
12. Name Walter Roy
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Sarah Roy Wilson
(b) Address 1021 McCulloh St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location
18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St
19 (a) (Date received by Registrar) (b) Registrar

MAR 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 1942 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1942 to Mar 24 1942 and that I last saw h[illegible] alive on Mar 24 1942.
Immediate cause of death Cardio Renal vascular disease — Duration 14 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature C. M. Pigott M.D.
Address 1456 W. Lanvale St Date signed 3-27-42

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90528 ¹ 95-N Registered F 90528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough & Gay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. Marlborough & Gay St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Myra Spandour Kerngood

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-14-9347

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Morton J. Kerngood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1889

8. AGE: Years	Months	Days	If less than one day
52	4	19	hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)
10. Usual Occupation Office Receptionist
11. Industry or business

FATHER
12. Name Abraham Spandour
13. Birthplace Unknown

MOTHER
14. Maiden Name Yetta Greenwood
15. Birthplace Bath, Me.

16 (a) Informant Mrs. Felt
(b) Address Marlborough & Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Adt Shalom
Location Balto. Md.

18 (a) Funeral director Clarke Sonnenborn & Son
(b) Address 1902 Eutaw Place

MAR 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1942 to 3-23 1942 and that I last saw her alive on 3-22 1942

Immediate cause of death: Coronary Occlusion Failure — Duration

Due to: Pneumonia Lobular (Congestive)

Due to: Fibrillation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Cohen, M. D.
Address 3 Marlborough Pl. Date signed 3/25/42

VS 3

F 90529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 90529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt. Royal Hotel # 733.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mt. Royal Hotel.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 4 weeks
Citizen of France.

3 (a) FULL NAME LOUIS MEYER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Germaine Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th. 1882

8. AGE: Years	Months	Days	If less than one day
59	9	20	hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER
12. Name Joseph Meyer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Fannie Bernheim.
15. Birthplace Germany.

16 (a) Informant Mr. S. Rothschild.
(b) Address 109 E. Redwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenborn & Sons
(b) Address 1902 Eutaw Place.

19 MAR 25 1942 (Date received by Registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1942, at 10.10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry, and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malpass M.D.
Medical Examiner.
Date signed 3-24-42

VS 6

F 90530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41

F 90530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 Brookfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Morris W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Joseph Fine
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Russia

16 (a) Informant Dr J G. Miller
(b) Address 2400 Brookfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave.

19 (d) MAR 25 1942 Huntington Nathaniel, M.D. (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 24, 1942, at 8.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1942, to Mar. 24 1942, and that I last saw her alive on Mar. 24 1942.

Immediate cause of death Cardiac Failure — Duration 3 days
Due to Arteriosclerosis — 15 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Goldstein M. D.
Address 1163 Linden Av. Date signed Mar. 25, 42

VS 8

F 90531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90531

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Blair

If U. S. Veteran specify WAR

(a) Residence: No. 1948 Harlem Avenue St., Ward. Birth F-46097

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24, 1942

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				7½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard Edward Blair

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Ruth Faulkwell

16. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va.

17. INFORMANT (Address) Hospital Records Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 3/25/42, 19

19. UNDERTAKER (Address) J. A. Brauerhan 526 S. Charles St.

20. FILED MAR 25 1942, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 19 42 to Mar. 24 19 42

I last saw h.im alive on Mar. 24 19 42 Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Other contributory causes of importance: premature - 2 wks.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. F. Richter M. D.

(Address) Bon Secours

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90532 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 90532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Muse

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lincoln Muse

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): February 6, 1879

8. AGE: Years: 63 | Months: 1 | Days: 16 | If less than one day: hr. min.

9. Birthplace: King & Queen Co. Va. (Town, county, and state)

10. Usual Occupation: Housemaid

11. Industry or business

FATHER
12. Name: Joseph M. Crosby
13. Birthplace: King & Queen Co. Va.

MOTHER
14. Maiden Name: Isabella Holmes
15. Birthplace: King & Queen Co Va.

16 (a) Informant: Lucien T. Chavis
(b) Address: 928 Pinewood Ave. Toledo, Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1942 (month) (day) (year)

(c) Cemetery or crematory: Dunark, Va.
Location: King & Queen Co Va.

18 (a) Funeral director: Jno. Geo. H. Holland
(b) Address: 1631 Druid Hill Ave.

19 (a) MAR 25 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 22 1942, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8 1942 to Mar. 22 1942 and that I last saw her alive on Mar. 22 1942

Immediate cause of death: Lobar Pneumonia — Duration: 2 Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ralph W. Reckling M.D.
Address: Provident Hosp. Date signed 3/26/42

M. D. S. 1203-a

F 90533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90533

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1624 Presbury St. 51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucy Forrest

(a) Residence: No. 1624 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Forrest

6. DATE OF BIRTH (month, day, year) 4-23-1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha Boone

16. BIRTHPLACE (city or town) (State or country) Jamesville, N.C.

17. INFORMANT Atelia Lipscomb

(Address) 1624 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Date 3-25, 1942

19. UNDERTAKER Wm. Kotin R. Williams

(Address) 729 N. Fremont Ave.

20. FILED MAR 26 1942 Huntington Williams, M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-, 1942

22. I HEREBY CERTIFY, That I attended deceased from 3-20-, 1942 to 3-21-, 1942

I last saw her alive on 3-20-, 1942 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-20-42
Other contributory causes of importance:	
Cardio-Renal Disease	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Page, M.D.

(Address) 15-16 Dr. Moore Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

F 90534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3423 Piedmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3423 Piedmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth C. Sondershoff

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9/24/1862

8. AGE: Years 79 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired School Teacher

11. Industry or business Baltimore City

FATHER
12. Name Charles Sondershoff
13. Birthplace Germany

MOTHER
14. Maiden Name Minna Locke
15. Birthplace Germany

16 (a) Informant Mrs. A. W. C. Kaiser
(b) Address 3427 Piedmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Ficken & Sons
(b) Address North Pa. Ave.

19 (d) 25 1942 (Date filed by the Registrar) (b) Lurington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942 at 6 24 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942 to March 23 1942 and that I last saw h alive on March 22 1942.

Immediate cause of death: Acute dilatation Heart — Duration: 2 days
Due to: myocarditis — 7
Due to:
Other Conditions: Arteriosclerosis & hypertension — 9
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Walter D. Tibbitt
Address 2220 Harrison Blvd Date signed March 25-42

VS 3

F 90535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1535 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Mc Cawley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Nellie E. McCawley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 24, 1858

8. AGE: Years 83 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk Retired 8 yrs.
11. Industry or business Richardson Brass Foundry

FATHER
12. Name Jas. Mc Cawley
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr. Wm Mc Cawley
(b) Address 1535 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAR 25 1942 (Date rec'd by Reg.) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 19 42 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1942 to March 23 1942 and that I last saw him alive on MAR. 23 1942

Immediate cause of death: Cerebral Hemmorhage — Duration 3-13-42
Due to Arteriosclerosis
Due to
Other Conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 2001 Shannon Drive Date signed 3/24/42

F 90536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 90536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Sulphur Spg. Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Caroline James Mrs. Caroline Mary James

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	widow

6 (b) Name of husband or wife: John Philip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1868

8. AGE: Years	Months	Days	If less than one day
73	5	3	hr. min.

9. Birthplace Md Baltimore (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business

FATHER
12. Name George H. Moeller
13. Birthplace Europe Germany

MOTHER
14. Maiden Name Caroline Carl
15. Birthplace Germany

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 25 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942, at 7:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1942, to March 24 1942 and that I last saw h alive on Mar 24 1942.

Immediate cause of death: Biliary Obstruction
Due to: Possible Carcinoma
Due to:
Other Conditions: Pulmonary edema Terminal anuria
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hen. F. Moore M. D.
Address St. Agnes' Hosp. Date signed 3/24/42

VS 3

F 90537 BALTIMORE CITY HEALTH DEPARTMENT F 90537

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Poplar Grove Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Poplar Grove Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles F. Purdum

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian W. Purdum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1887

8. AGE: Years	Months	Days	If less than one day
54	6	24	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name William Purdum
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Margaret Woleswarth
15. Birthplace Frederick Co. Md.

16 (a) Informant Mrs. Lillian Purdum
(b) Address 3301 Cedarhurst Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAR 25 1942 (Date rec'd by Registrar) Thurlington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1942, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death

Coronary Occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 3-24-42

F 90538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles W. Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-23-1873

8. AGE: Years	Months	Days	If less than one day
68	10	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation retired Worker at
11. Industry or business Hair Factory

FATHER
12. Name Joachim Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Eichelberg
15. Birthplace Germany

16 (a) Informant Elizabeth J Kaehnen
(b) Address 2204 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)
(c) Cemetery or crematory St Pauls
Location Violetville

18 (a) Funeral director Vernon Kaehnen
(b) Address 2201 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-42 19 , at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 42 to 3-25 19 42 and that I last saw h[illegible] alive on 3/24/42.

Immediate cause of death

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C Fisher M. D.
Address 2151 Walbrook Ave Date signed 3/25/42

MAR 25 1942

F 90539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

Registration No. F 90539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Fillmore St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George MacDonald

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs Nellie MacDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1882

8. AGE: Years	Months	Days	If less than one day
59	5	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Richard MacDonald
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Bayne
15. Birthplace Baltimore

16 (a) Informant Mercy Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-42 (month) (day) (year)
(c) Cemetery or crematory Highland Cemetery
Location Balto.

18 (a) Funeral director Leonard Wright
(b) Address 5205 Harford Road

19 (a) (Registrar) (b) Registrar

MAR 25 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23 1942, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1942 to Mar 23 1942 and that I last saw him alive on Mar 23 1942

Immediate cause of death:
Acute Cardiac Decompensation
Due to Rt. heart dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Macy M. Spencer Jr. M.D.
Address Mercy Hosp. Date signed 3/23/42

F 90540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 90540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Carline St.
(c) Hospital or institution: St Joseph hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1103 N. Lakewood Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George W. BEHR

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-09-2111

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Emeatine Behr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-1877

8. AGE: Years	Months	Days	If less than one day
64	8	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Western Elec Co

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Henry Behr
(b) Address 1103 N Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard Rust
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/ 1942, at 8:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18/ 1942 to 3/24/ 1942, and that I last saw him alive on 3/24/ 1942

Immediate cause of death	Duration
~~Uremia~~	
Due to Hypertensive C.V.	6 days
Due to Fracture and nephro-sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Turpak M. D.
Address St Joseph Hosp. Date signed 3/25/42

F 30541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 30541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 9yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Emmert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Ferdinand Emmert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1872

8. AGE: Years	Months	Days	If less than one day
69	11	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Ernest Zuelke
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Gustke
15. Birthplace Germany

16 (a) Informant Rev. J. Leo Walz, Jr. Secty.
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave & Gay St.

18 (a) Funeral director Harry A. Suffle
(b) Address 4101 E. Monumental Ave.

MAR 25 1942 (Registered) (b) Huntington Mills (Registrar, M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1942, at 10.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 6/42. 19 , Mch. 23/42. and that I last saw her alive on Mch. 23/42.

Immediate cause of death: Erysipelas. — Duration: 17 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration: over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Watts Counihan M.D.
Address 933 Hanover Date signed March 25/42.

F 90542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give county)
(d) Street No. 11 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME M. James H. Barbour

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7064

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ida M Dean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1883

8. AGE: Years 58 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business Bankhoffit Cafe

FATHER
12. Name Lloyd Barbour
13. Birthplace Balt md

MOTHER
14. Maiden Name unknown
15. Birthplace " "

16 (a) Informant Ida M Barbour.
(b) Address 11 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 5712 Donnald St

18 (a) Funeral director Harry H Wilgis
(b) Address 11 N Edmondson ave

19 (a) MAR 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1942 to 3/24 1942 and that I last saw h alive on 3/24 1942

Immediate cause of death: Arteriosclerotic

Due to: cardio vascular disease — Duration: 3 mos.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gott M. D.

Address W B g H Date signed 3-28-42

VS 2

F 90543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90543 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Monument St
(c) Hospital or institution: Sinai Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3434 Mondawmin ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Opie Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-5121

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Florence Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1887

8. AGE: Years 54 | Months 10 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Collector

11. Industry or business Arbuckle Mgm. Corp.

FATHER
12. Name Martin L Robinson
13. Birthplace Balto.

MOTHER
14. Maiden Name Emma C. Ziegler
15. Birthplace Md.

16 (a) Informant Mrs. Florence R. Robinson
(b) Address 3434 Mondawmin ave

17 (a) Mausoleum (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director Harry H. Wilkes
(b) Address 410 Edmondson ave

19 (a) MAR 25 1942 (Date filed by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to March 24 1942, and that I last saw him alive on March 24 1942.

	Duration
Immediate cause of death Congestive failure	
Due to Coronal Arteriosclerosis	7d.
Due to Rt. Internal Carotid Thrombosis	3d.
Other Conditions Bronchopneumonia	5 days.

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: R. Int. Carotid Thrombosis. Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Bolen M. D.
Address Sinai Hospital Date signed 3/25/42

F 90544 BALTIMORE CITY HEALTH DEPARTMENT 166 F 90544

CERTIFICATE OF DEATH

Registered No.

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLIFTON GEE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-1160

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1912

8. AGE: Years	Months	Days	If less than one day
29	8	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Gee
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Britford
15. Birthplace Va.

16 (a) Informant Ruby Warren
(b) Address 834 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. H.A. Elliott Dept.
(b) Address 1139 N. Carrollton Ave

19 (a) MAR 25 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 2:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest.	
Due to	
Due to	
Other Conditions ha	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ha
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 3-25-42 at 2 P. M
(c) Where did injury occur? 820 N. Caroline St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? ha
(e) Means of injury shot with revolver bullet

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.
Date signed 3-25-42

VS 6

F 90545 JN 71614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 99

F 90545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo 20days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Whitley

3 (b) If veteran, name war: no

3 (c) Social Security Account No. ~~211-16-4557~~ 211-16-4757

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1923

8. AGE: Years 19 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace North Carolina (City, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Joseph (d)
13. Birthplace North Carolina

MOTHER
14. Maiden Name Jane Whitley
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. G. County Md.

18 (a) Funeral director Howard K. Feldmeier Dept.
(b) Address 1129 N. Charles St.

19 MAR 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1942; at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1942 to 3-24 1942, and that I last saw h alive on 3-24 1942.

Immediate cause of death Uremia — Duration 7 days

Due to ? Periarteritis nodosa — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Feldmeier M.D.
Address Balto City Hosp. Date signed 3-25-42

VS 8

F 90546 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90546

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Granby St. 3-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Bartolino (Mrs. Angelo) Di Amico

If U. S. Veteran specify WAR

(a) Residence: No. 909 Granby St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Luigi Bartolino

6. DATE OF BIRTH (month, day, year): July ? 1870

7. AGE: Years: 71 72. Months: 8 Days: If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mary (Address) 909 E. Granby St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Holy Cross Cemetery

19. UNDERTAKER: Randall & Brady (Address) 312 S. Eutaw St.

20. FILED MAR 25 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1942 to March 23, 1942

I last saw her alive on March 23, 1942. Death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/19/42
Other contributory causes of importance: Arteriosclerosis	3/10/42

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Pappas M. D.

(Address) 614 Drury Lane

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90547 BALTIMORE CITY HEALTH DEPARTMENT F 90547

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 306 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Saunders St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Ford 44355 Patient has been in Hosp. since 1939

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1872

8. AGE: Years	Months	Days	If less than one day
69	6	17	hr. min.

9. Birthplace Md.
(City, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER — 12. Name (Not known) Ford
13. Birthplace "

MOTHER — 14. Maiden Name "
15. Birthplace "

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 3/26/42
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 26 1942 (b) Huntington Williams, M.D.
(Date received)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 19 42 at 12:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 19 41 to Mar. 23 1942, and that I last saw him alive on Mar. 23 19 42

Immediate cause of death — Duration

Pulmonary tuberculosis — 10 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-28-42

Correct name, if incorrect, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90548 Registered No. 170

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dok
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2135 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13 WARD

3 (a) FULL NAME FREDERICK EDWARD BONE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29th 1938

8. AGE: Years	Months	Days	If less than one day
4	1	26 25	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Frederick Wallace Bone
13. Birthplace Bellingham, Washington

MOTHER 14. Maiden Name Lotta Louise Pope
15. Birthplace Kingston, Texas

16 (a) Informant Frederick W. Bone
(b) Address 2135 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Bork
(b) Address 125 E. Paul St

19 (a) (b) Registrar
MAR 28 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 11 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 13/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 25, 1942 at 11a
(c) Where did injury occur? Corner Bolton and Lanvale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by auto

23. Signature H L Wallenwebel M.D. Medical Examiner.
Date signed 3-25-42

F 90549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Light Street
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 Leadenhall St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma A. Beecher

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Homer G. Beecher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1889

8. AGE: Years	Months	Days	If less than one day
53	1	14	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John D. Rizer
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma A. Frank
15. Birthplace Balto. Md.

16 (a) Informant Homer G. Beecher
(b) Address 1141 Leadenhall St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cedar Hill
Location A.A. Co. Md.

18 (a) Funeral director William Doll
(b) Address 527 St. Paul St

19 (a) Received MAR 28 1942 (b) Immington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1942 to 3/25 1942, and that I last saw h alive on 3/25 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days
Due to: Hypertension — Duration: Several years.
Due to:
Other Conditions: Hypertension Cardio-Vascular disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Stein, M. D.
Address So. Balto. Gen. Hosp. Date signed 3/25/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182-42

F 90550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2-3 1718 Lancaster St (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY Robert SCHRENKER Birth F. 43023

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1942

8. AGE: Years | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Barry Schrenker

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Florence Bobblitz

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. B. Schrenker

(b) Address 1718 Lancaster St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5-26-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Standard Cem. Location Druid Hill Ave & Fulton Ave

18 (a) Funeral director J. Fleming & Son

(b) Address 32 S. Broadway

19 MAR 26 1942 (Date received by registrar) (b) Huntington Wilkinson M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 5 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to: Smothering from bed clothes	
Due to:	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

Autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide accident

(b) Date of occurrence March 25 1942 at 2:30 P.M.

(c) Where did injury occur? above address (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No

(e) Means of injury smothered by bed clothes

23. Signature H. X. Wollenweber M.D. Asst Medical Examiner.

Date signed 3-28-42

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 90551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. F 90551

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County — — —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Alisquith Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Peter H Hetzler (FREDERICK L. HETZLER)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Elizabeth Hetzler
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Aug. 1876
8. AGE: Years 65 | Months 7 | Days ? | If less than one day — hr. — min.
9. Birthplace: Wilmington Del. (Town, county, and state)
10. Usual Occupation: Foreman-Balto. City Street
11. Industry or business: Cleaning Dept. Retired.

FATHER
12. Name: Matthew Hetzler-deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Caroline Hildebrandt-dec.
15. Birthplace: Germany

16 (a) Informant: Mr. Martin J. Quinn
(b) Address: 1813 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory: 1st United Evangelical Cem.
Location: Baltimore Md.
18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.
19 (a) (Date rec'd by registrar) MAR 26 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23- 1942 at 10 55 P. M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-renal Disease
Due to:
Due to:
Other Conditions: (Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 3-24-42

VS 6

F 90552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-19-42 F 90552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 E. Cornlins St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Belmont Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Keaney (Keeney) (baby Sic) Birth F-45773

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/7/42

8. AGE: Years	Months	Days	If less than one day
		17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank N Keaney Jr
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bertha E. Mueller
15. Birthplace Baltimore

16 (a) Informant Mrs F N Keaney Jr
(b) Address 4208 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director J J Foley & Son
(b) Address 2419 Eastern

19 (a) MAR 26 1942 (Date rec'd by registrar) (b) Huntingtown Millington MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24/1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13/1942 to 3/24/1942 and that I last saw h alive on 3/24/1942

Immediate cause of death: Pneumonia (Lobar)

Due to:

Due to:

Other Conditions: Ruptured ovarian tumor

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 11 Days

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St Joseph Hosp Date signed 3/27/42

VS 1

F 90553 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90553

CERTIFICATE OF DEATH 131-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Hayward Avenue St. 27 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Ann Thomson

If U. S. Veteran specify WAR

(a) Residence: No. 3503 Hayward Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ebenezer Thomson

6. DATE OF BIRTH (month, day, year) May 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80	10	18	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Catherine Klansman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mrs. Ann E. Wolff

(Address) 3503 Hayward Avenue

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Stone Chapel Date 3-26-42 19

19. UNDERTAKER Loring Byers

(Address) 5005 Park Heights Avenue

20. FILED MAR 26 1942 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 1942 to Mch 24 1942

I last saw her alive on Mch 23 1942. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Mch 20
Nephritis	—
Senility	—

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles J. Wells M. D.

(Address) 5276 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 90554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 4134 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank Feinour Mr. Francis Robert Feinour

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Albertina
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 10, 1877

8. AGE: Years	Months	Days	If less than one day
64	5	15 10	____ hr. ____ min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Produce Business
11. Industry or business

FATHER
12. Name Charles Feinour
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Catherine Schultz
15. Birthplace Baltimore

16 (a) Informant Mrs. Albertina Feinour
(b) Address 4134 Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) Filed MAR 30 1942 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1942, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/1942 to 3/25/1942 and that I last saw h[illegible] alive on 3/25/1942

Immediate cause of death: Coronary Occlusion — Duration

Due to: ____

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 3/25/42 M. D.

Huntington Williams, M.D.

F 90555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3 Registered No.

F 90555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Woodland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Walker Buffington

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie I

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1869

8. AGE: Years 72 | Months 11 | Days 0 | If less than one day: hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)

10. Usual Occupation Retired Shipping Clerk

11. Industry or business

FATHER
12. Name Jacob Buffington
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Annie K. White
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Bessie Buffington
(b) Address 3112 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 (a) MAR 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1942, at 1:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1942 to Mar 24 1942 and that I last saw h~~im~~ alive on Mar 24 1942

Immediate cause of death: Mitral insufficiency — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Dubert, M. D.
Address 4803 Park Heights Ave Date signed 3/27/42

VS 3

F 90556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH VI 08

F 90556

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 E Preston St
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter C. Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lucile Peterson

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Apr 27-1901

8. AGE: Years 40 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Texas Kentucky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jacob Peterson

13. Birthplace Kentucky

MOTHER 14. Maiden Name Josie H Brady

15. Birthplace Kentucky

16 (a) Informant Mrs Nellie Rose

(b) Address 28 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mon 30-42 (month) (day) (year)

(c) Cemetery or crematory Location Lebanon Kentucky

18 (a) Funeral director Charles P Towell

(b) Address 2427 Edmondson Ave

19 MAR 26 1942 (Date rec'd by registrar)

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1942 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1942 to 3-25 1942, and that I last saw h 1M alive on 3-25 1942

Immediate cause of death: Organizing pneumonia

Due to: Bilat empyema

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 wks. 1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ZALE

23. Signature Kenneth Zale

Address Sinai Hosp Dl Date signed 3-25-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4W 1905 90557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

F 90557 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 5 Mos
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N. Gay (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3-(a) FULL NAME Louis Hurwitz
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lillian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-1-98
8. AGE: Years 43 | Months 7 | Days 25 | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant Salesman
11. Industry or business

FATHER
12. Name Isaac Hurwitz
13. Birthplace Russia

MOTHER
14. Maiden Name Gitel Kleinert
15. Birthplace Russia

16 (a) Informant Records
(b) Address Johns Hopkins Hospital
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery [redacted] Chevra Thilim
Location Shomrei Hadath
18 (a) Funeral director [redacted]
(b) Address [redacted]
19 (a) MAR 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-26 1942, at 4 55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1942 to MAR 25 1942 and that I last saw HIM alive on MAR 26 1942

Immediate cause of death: Brain tumor - malig - nant — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Feb. 21, 1942
Major findings of operation: Brain tumor - inoperable
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frank J. Otterbach
Address J.H.H. Date signed 3/26/42

VS 3

F 90558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

F 90558

Please type or print plainly in ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Subs
(e) Length of stay in Baltimore (yrs., mos., or days) Subs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington Carroll Co.
(c) City or town Hagerstown Washington
(If outside city or town limits, write RURAL and give town)
Street No. 915
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Rumania

3 (a) FULL NAME Reuben Fromm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Rabbi

11. Industry or business

FATHER
12. Name Daniel Fromm
13. Birthplace Russia

MOTHER
14. Maiden Name Edith
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)
(c) Cemetery or crematory Williamsport Pa.
Location Rest Haven Cem.

18 (a) Funeral director Jack Segal Inc
(b) Address 1439 E. Baltimore St

19 (a) MAR 26 1942 (b) Huntington Williamsport, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942, to March 26 1942, and that I last saw him alive on March 26 1942.

Immediate cause of death Cerebral Embolism — Duration

Due to Myocardial Infarction

Due to Coronary Occlusion

Other Conditions Art. Sol. Cystitis Pyelonephritis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Kinard M. D.
Address Sinai Hosp. Date signed 3/26/42

MA F 90559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 128

F 90559
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Perrymun, Md. Box 24
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1884

8. AGE: Years	Months	Days	If less than one day
57	5	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Hooker
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Glenn
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Henry Tanning Sons
(b) Address Aberdeen Md

MAR 26 1942 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1942 to 3-23 1942 and that I last saw her alive on 3-23 1942

Immediate cause of death: Acute pancreatitis — Duration 48 hrs (?)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3-22-42
Major findings of operation: Same
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pilgrim M. D.
Address B. C. H. Date signed 3-24-42

F 90560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

Registered No. F 90560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 259 East St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 259 East St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GIOVANNI ROMANO

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	219-05-8735

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of wife Concetta Romano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1877

8. AGE: Years	Months	Days	If less than one day
64	11	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Stonemasson
11. Industry or business

FATHER
12. Name Filippo Romano
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Savettiere
15. Birthplace Italy

16 (a) Informant Cocetta Romano (Wife)
(b) Address 259 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30/42 (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director [illegible] Bros.
(b) Address 52 N. Morley St.

MAR 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26- 1942 at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1941 to 3/25 1942 and that I last saw h[illegible] alive on 3/25 1942.

Immediate cause of death Carcinoma of bladder — Duration: one

Due to

Due to

Other Conditions General Carcinomatosis

(Include pregnancy within 3 months of death)
Date of operation Not Op
Major findings of operation? Extended
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M.D.
Address 733 Hospital St Date signed 3/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. G L 10

F 90561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 90561 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4129 Potter St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balti (If outside city or town limits write RURAL and give town)
(d) Street No. 4125 Potter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Ruth Myers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John B. Myers

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1899

8. AGE: Years 42 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Catonsville Balto Co Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name George Kemmelshue

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary E. MOSHER

15. Birthplace Catonsville Maryland

16 (a) Informant John B. Myers

(b) Address 4125 Potter St.

17 (a) Burial Interred (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1942 (month) (day) (year)

(c) Cemetery or crematory Salem Cem.

Location Catonsville Balto Co Md

18 (a) Funeral director Easton Sons

(b) Address Ellicott City

MAR 26 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942 at 12:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Kelly Head M.D. Medical Examiner.

Date signed 3/24/42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 90562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 W. Preston St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Hunda Tayner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Fe | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 6, 1941
8. AGE: Years | Months 7 | Days 19 | If less than one day hr. min.
9. Birthplace Newport News, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Tayner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hazel Pope
15. Birthplace Sheldon, N.C.

16 (a) Informant Lena Pope
(b) Address 302 W. Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County
18 (a) Funeral director Gaddis & Halstead
(b) Address 916 Druid Hill Ave, Baltimore, Md.

MAR 26 1942 (Registrar's signature) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25 1942, at 1:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1942 to Mar. 25 42 and that I last saw h.S.P. alive on Mar. 25 1942

Immediate cause of death: Bronchopneumonia (primary) — Duration 6 weeks
Due to
Due to
Other Conditions: Malnutrition; secondary anemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackliffe
Address Provident Hosp. Date signed 3/27/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any additional information should be carefully supplied. The

F 90563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gamble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 1941

8. AGE: Years 1 | Months 1 | Days | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Roy Gamble

13. Birthplace S. Car.

MOTHER 14. Maiden Name Lillian Wills

15. Birthplace S. Car.

16 (a) Informant Roy Gamble

(b) Address 1221 McCulloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)

(c) Cemetery or crematory Lynchburg

Location South Carolina

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAR 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertrophy and dilatation of left ventricle; Due to Pathology Unknown. Lobular pneumonia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.

Date signed 3/23/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 90564
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 Mc Culloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Mc Culloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Baylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Winslow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	10	hr. min.

9. Birthplace Caroline Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Horace Hawkins
13. Birthplace Caroline Co. Va.

MOTHER
14. Maiden Name Polly Hawkins
15. Birthplace Caroline Co. Va.

16 (a) Informant Mrs. Lucie Leonard
(b) Address 2302 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1600 E. Edmondson Ave.

19 (a) MAR 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1942 to March 22 1942 and that I last saw h[illegible] alive on March 22 1942

Immediate cause of death
(a) Myocardial Infarction — Duration 1 year
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilson H Watts
Address 5[illegible] Washington Date signed 3/25/42

VS 3

F 90565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 90565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mae H. Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1906

8. AGE: Years 36 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Joseph Wallace
13. Birthplace Prince George Co.

MOTHER
14. Maiden Name Lottie Wallace Brown
15. Birthplace Virginia

16 (a) Informant Mrs. Myrtle A. Chesson
(b) Address 1330 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lucy H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) MAR 26 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1942 at 9:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to March 22 1942 and that I last saw her alive on Mar 22, 1942

Immediate cause of death Pulmonary Embolism
Myomata Uteri (multiple)
Due to

Due to

Other Conditions Pregnancy 2 months (?)
(Include pregnancy within 3 months of death)

Date of operation 3/19/42

Major findings of operation Multiple Myomata Uteri. Preg. 2 Months

of autopsy

Duration
2 hrs.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris
Address 1307 N Carrollton Ave. Date signed 3/25/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

F 90566 (4)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90566 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~1 da~~ 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 ~~294~~ Annapolis Rd. (WEST PORT) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Archibald Walter~~ ARCHIBALD D. WALTER 72756 & WALTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Esabelle M. WALTER
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) Jan. 30, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	24	hr. min.

9. Birthplace Va. Staunton, Va. (Town, county, and state)
10. Usual Occupation PIPE FITTER-U.S. Coast guard - CURTIS BAY
11. Industry or business DEPOT

FATHER
12. Name Aloysius WALTER
13. Birthplace ~~Md~~ Va.

MOTHER
14. Maiden Name Flora Dorsey
15. Birthplace ~~Md~~ Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 27 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Location Anne Arundel Co., Md.
18 (a) Funeral director C. Howard Evans
(b) Address 1400-02 E. Eager St.
19 (a) MAR 26 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 19 42 at 12:45 ~~P~~ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1942 to Mar. 24 1942.
and that I last saw him alive on Mar. 24 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp. Date signed 7-2 1942

VS 8

F 90567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H F 90567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 N Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Fairbanks

3 (b) If veteran, name war ——

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edgar Fairbanks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1873

8. AGE: Years 68 | Months 3 4 | Days ? | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Lottie I. Fairbanks
(b) Address 440 N. Paterson-Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 MAR 26 1942 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 4 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: (a) Illuminating gas poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/25/42 at about 10 a M
(c) Where did injury occur? 440 N Patterson Pk Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas - Patterson Stove

23. Signature W. Ward Graft M.D.
Medical Examiner.
Date signed 3/26/42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 90568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90568 Registered No.

Correct age is especially important. Physicians: please write the cause of death clearly and legibly. Any other information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6200 Bellona Ave
(c) Hospital or institution:
EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 Kenneth Square
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha T. Schaefer

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Schaefer
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) 3/27/1858
8. AGE: Years 83 | Months 11 | Days 28 | If less than one day — hr. — min.
9. Birthplace Germany (Town, county and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs Bertha S. Rosenbaum
(b) Address 424 Kenneth Sq.
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-26-43 (month) (day) (year)
(c) Cemetery or crematory Germantown Pa
Location Phila Pa.
18 (a) Funeral director Sheridan Memorial Co.
(b) Address 108 Lemon Ave
19 MAR 26 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/43 1943 at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1940 to 3/25 1943, and that I last saw h. alive on 3/24/43.

Immediate cause of death

	Duration
Cardio Vascular	
Due to Disease	14 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Wheaton M. D.
Address 4705 York Rd Date signed 3/26/43

VS 2

F 90569 71172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arene Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: black
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1922

8. AGE: Years 20 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Leopard
13. Birthplace Va.

MOTHER
14. Maiden Name Rosetta Myers
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Elroy Nelson
(b) Address 1000 Eastern Ave.

19 (a) (Date rec'd by registrar) MAR 26 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1942, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1942, to Mar. 23 1942, and that I last saw her alive on Mar. 23 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-28-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90570

RC(72551)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

F 90570

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 East Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Joyroe JAYROE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-6818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1923

8. AGE: Years	Months	Days	If less than one day
18	7	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Irwin Dry Goods Store

FATHER
12. Name Louis Joyroe
13. Birthplace S.E.

MOTHER
14. Maiden Name Ziddie Walton
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/42 (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Braddish Ave

19 (Date received by local registrar) MAR 26 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1942 at 2.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 3-23 1942 and that I last saw him alive on 3-22 1942

Immediate cause of death: Subarachnoid abscess Meningitis — Duration 1 wk

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not reported

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Ryder M. D.
Address BCH Date signed 3-24-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Thomas Perry

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 30 67

8. AGE: Years 74 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation ✓

11. Industry or business ✓

FATHER
12. Name Joseph Perry
13. Birthplace Virginia

MOTHER
14. Maiden Name
15. Birthplace ✓

16 (a) Informant Florence Nightingale Home
(b) Address 1414 Eutaw Place

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Walter Brooks Brothers
(b) Address 1922 W. Lafayette Ave, Baltimore, Md.

19 MAR 26 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1942, at 1:45 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1941, to March 24 1942, and that I last saw h[illegible] alive on March 23 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M. D.
Address 2324 Reisterstown Rd Date signed 3/26/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3B

Registered No. F 90572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1538 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar Williams

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-1898

8. AGE: Years	Months	Days	If less than one day
43	3	13	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Judge Williams
13. Birthplace North Carolina

MOTHER
14. Maiden Name Maggie Bullock
15. Birthplace North Carolina

16 (a) Informant —
(b) Address —

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 26 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
MAR 26 1942 Per H. A. Moore
(Date rec'd by registrar) (b) Thurlow Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1942 at 12½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 1942 to Mar. 21 1942 and that I last saw h[im] alive on Mar. 21 1942.

Immediate cause of death Tuberculous Pneumonia — Duration 3 Weeks
Due to
Due to
Other Conditions Bronchial Asthma
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Recklin
Address Provident Hosp. Date signed 3/23/42

VS 3

8053

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Edwards
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Temple Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lynn Clark.

3 (b) If veteran, name war: Unknown
3 (c) Social Security Account No. Unknown
4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Unknown
6 (b) Name of husband or wife: None
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) no record
8. AGE: Years 38 yrs | Months no | Days no | If less than one day ____ hr. ____ min.
9. Birthplace: Virginia (town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: ____

MOTHER
14. Maiden Name: Unknown
15. Birthplace: ____

16 (a) Informant: Hospital Records
(b) Address: ____

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Location: UNIVERSITY MEDICAL SCHOOL MAR 26 1942 Commissioner of Health

18 (a) Funeral director: Per H. A. Moore
(b) Address: ____

19 MAR 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/22 1942 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1942 to 3/22 1942 and that I last saw h alive on ____ 19 ____.

Immediate cause of death: Respiratory Failure — Duration: ____
Due to: Pulmonary TBC — Duration: 3 yrs?
Due to: Bronchopneumonia — Duration: ____
Other Conditions: Pellagra, Latent Lues — Duration: ____
(Include pregnancy within 3 months of death)
Date of operation: ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature: L. V. Compeau
Address: St Joseph's Hospital M. D. Signed 3/22/42

VS 3

8052

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90574
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 Rosecroft Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 431 Rosecroft Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES WILLIAM RAY.

3 (b) If veteran, name war: World War 1918

3 (c) Social Security Account No. 215-01-3748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, 12th 1887

8. AGE: Years	Months	Days	If less than one day
54	8	10	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Stage Hand
11. Industry or business Theatre

FATHER
12. Name Oliver Ray
13. Birthplace Howard Co. Maryland

MOTHER
14. Maiden Name Ann Gertrude Moloney
15. Birthplace Galway, Ireland

16 (a) Informant Miss Grace Ray
(b) Address 2431 Rosecroft Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director E. W. Ramsburg
(b) Address 1003 West Baltimore St.

19 (Date received by local registrar) MAR 26 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 22nd 1942, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1941 to March 22 1942 and that I last saw h[illegible] alive on March 21 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Uremia - Sclerosis and Hypertension — 10 yrs.
Due to:
Other Conditions: Hypertrophy Enlargement of Prostate. — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. E. Cross. M. D.
Address 1128 W. 25th St. Date signed

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 90575

Every item of information should be carefully supplied. WRITE LEGIBLY, WITH UNFADING INK.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Gilmor (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kaspar

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J. Kaspar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1857

8. AGE: Years	Months	Days	If less than one day
85	2	7	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER — 12. Name	Joseph Kaspar
FATHER — 13. Birthplace	Bohemia
MOTHER — 14. Maiden Name	Anna Dvorak
MOTHER — 15. Birthplace	Bohemia

16 (a) Informant John Kaspar
(b) Address 1820 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brockdorf Son
(b) Address 846 W. Chester St

MAR 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1942, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1942 to 3/24 1942 and that I last saw her alive on 3/24 1942

Immediate cause of death: Respiratory Failure — Duration 15 Days?
Due to Uremia Cerebral
Due to Hypertensive Cardio-Vascular Disease
Other Conditions Diabetes mellitus, Arteriosclerosis, general, Hemiplegia
Operation (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify typical place) While at work?
(e) Means of injury
23. Signature [illegible]
Address St Joseph's Hospital Date signed 3/24/42

VS 2

F 90576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. F 90576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 Whitelock St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Frush

3 (b) If veteran, name war

3 (c) Social Security Account No. 216- 01- 5789

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace London England (Town, county, and state)

10. Usual Occupation

11. Industry or business Sales lady

FATHER
12. Name Phineas Frush
13. Birthplace London

MOTHER
14. Maiden Name Bessie Messer
15. Birthplace Russia

16 (a) Informant Danny Frush
(b) Address 817 Whitelock

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E. Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAR 26 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

9.30

20. DATE OF DEATH March 26, 1942 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to March 26 1942, and that I last saw h[illegible] alive on March 26 1942

Immediate cause of death	Duration
Coronary embolism	
Due to Rheumatic carditis (old)	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Nolde

Address 1314 W. North Ave Date signed 3/26/42 M. D.

VS 5

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90577

Correct age is especially important. Physicians; please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 E. Lafayett St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 E. Lafayett St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia R. Matthews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edwin H. Matthews

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) F-b-6, 1867

8. AGE: Years	Months	Days	If less than one day
85	1	21	hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Charles Wheeler
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Mary Gill
15. Birthplace Balto Co. Md.

16 (a) Informant Miss Ida Matthews
(b) Address 209 E. Lafayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47 (month) (day) (year)
(c) Cemetery or crematory Gimpoorder Meeting
Location Sparks, Md.

18 (a) Funeral director Sanders M. Brooks
(b) Address Sparks, Md.

19 (a) MAR 27 1947 (b) Registrar
(Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1947, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1947 to March 27 1947, and that I last saw him alive on March 26 1947.

Immediate cause of death: Chronic Cardio Vascular disease — Duration 5

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest W. Cohen M. D.
Address 735 Poplar Grove St Date signed 3/27/47

Registration District Williamson No.

F 90578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90578

Registered No. 83-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr John E. Thompsson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. [illegible]

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of ~~husband or~~ wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 1885

8. AGE: Years 56 | Months 11 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace Sykesville Md. (Town, county and state)
10. Usual Occupation Barber
11. Industry or business Mr. Mello

FATHER
12. Name Rachel R Thompson
13. Birthplace Sykesville Md.

MOTHER
14. Maiden Name Amanda Myers
15. Birthplace Sykesville Md.

16 (a) Informant Mrs Pearl Londenslager
(b) Address 865 ~~Hollins~~ St

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Springfield
Location Sykesville Md.

18 (a) Funeral director William Cook
(b) Address 125 N. Stricker St Washington Boulevard, Md.

19 (a) (Date received) MAR 27 1942 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1942 at 9:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942 to Mar 26 1942 and that I last saw h[illegible] alive on Mar. 25 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 da
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Goodman M.D.
Address Franklin Square Hospital Date signed 3/27/42

F 90579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a Registered No. F 90579

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write Co. and give town)
(d) Street No. 511 Arlington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Jane Smith
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age 7 years
7. Birth date of deceased (mo., day, yr.) August. 1861
8. AGE: Years 80 + Months 7 Days If less than one day ___ hr. ___ min.
9. Birthplace Elkton, Cecil Co., Md. (Town, county, and state)
10. Usual Occupation Government Printing Office.
11. Industry or business

FATHER
12. Name Samuel Smith
13. Birthplace Elkton Maryland.

MOTHER
14. Maiden Name Sarah Jane Batten
15. Birthplace Maryland.

16 (a) Informant Warren Wilmer Brown
(b) Address 1400 Homestead St., Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Bethel M.E. Church
Location Cecil Co. Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St.

19 (a) MAR 27 1942 (Date rec'd by registrar) (b) Filed Arlington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1942 to 3-26 1942, and that I last saw her alive on 3-26 1942.

Immediate cause of death: Pneumonia — Duration 2 DAYS

Due to

Due to

Other Conditions CA OF OVARY — 2 YRS ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy? Pneumonia, left lung; Ca ovary

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M.D.
Address Union Memorial Hospital Signed 3-26-42

VS 3

F 90580

MA 72794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a

F 90580

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1132 N. Fulton Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Bowden

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-15-6492

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1889

8. AGE: Years	Months	Days	If less than one day
52	7	15	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Unemployed

FATHER

12. Name William Bowden

13. Birthplace N. Y.

MOTHER

14. Maiden Name Mary LaTraile

15. Birthplace N. Y.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Parkville Md.

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St

19 (Date rec'd by registrar) MAR 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1942, at 10 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1942 to 3-25 1942, and that I last saw him alive on 3-25 1942.

Immediate cause of death Cardiac Failure

Due to Shock due to Blood loss.

Due to

Other Conditions Cirrhosis of Liver & Esophageal varices.

(Include pregnancy within 3 months of death)

Duration: over

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Myrick W. Bullen, Jr. M. D.

Address Baltimore City Hos. Date signed 3-26-42

VS 3

MA 72498 F 90581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 90581 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Typewriting important. Please write plainly. Information supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Fulton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry W. Webster

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 214-18-2703

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1873

8. AGE: Years	Months	Days	If less than one day
68	10	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Pension (Police)
11. Industry or business

FATHER
12. Name Charles (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Rice
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery Western
Location Balto. md.

18 (a) Funeral director William Cook
(b) Address 626 St. Paul St

19 (a) MAR 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1942, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19-42 1942, to 3-25 1942, and that I last saw h[illegible] alive on 3-25 1942.

Immediate cause of death Carcinoma of the face — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-26-42

Major findings of operation: Same (gastrectomy)

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myrick M. Rutledge, Jr. M. D.
Address Baltimore City Hos Date signed 3-26-42

F 90582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 75-c

Registered No. F 90582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vashti Wallace

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-9993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	5	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

MOTHER / FATHER
12. Name George Wallace
13. Birthplace Philadelphia
14. Maiden Name Elaine Habliston
15. Birthplace Pa

16 (a) Informant Patient
(b) Address

17 (a) Cremation (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cremation Greenmount
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul

19 (a) MAR 27 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/42 19 , at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/42 19 to 3/25/42 19 and that I last saw h[illegible] alive on 3/25/42 19

Immediate cause of death Hemoperitoneum
Splenic infarct & rupture
Due to
Due to
Other Conditions Arteriosclerotic Hypertensive H. D.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Infarct of spleen

Duration
4 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Church Home & Infirmary Date signed 3/25/42

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 90583 BALTIMORE CITY HEALTH DEPARTMENT F 90583

CERTIFICATE OF DEATH 42-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Carroll st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Carroll st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter G. Oakjones

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband/wife Helen Oakjones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27th 1875

8. AGE: Years	Months	Days	If less than one day
66	5	29	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER 12. Name Peter Joseph Oakjones
13. Birthplace

MOTHER 14. Maiden Name Louise Erbert
15. Birthplace

16 (a) Informant Mrs Helen Oakjones
(b) Address 2805 Carroll st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Balto Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAR 27 (Date rec'd by local reg.) (b) 1942 Huntington Williams, M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1942, at 4:42 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 25 1941 to Mar 26 1942 and that I last saw him alive on March 23 1942

Immediate cause of death Coronary thrombosis — Interval P.D.

Due to Chronic Valvular Heart Disease — Interval ?

Due to Arterio-sclerosis — Interval ?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. B. Monaghan, M.D.
Address 3037 Oborned Date signed 3-26-42

VS 3

F 90584 BALTIMORE CITY HEALTH DEPARTMENT 93-D Registered No. F 90584

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution Home for Aged of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie L. Kreuzrich

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ireland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1854

8. AGE: Years	Months	Days	If less than one day
87	11	12	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Home for Aged

FATHER
12. Name John Lavill
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Crawford
15. Birthplace "

16 (a) Informant Records Home for Aged of M.E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Bork
(b) Address 117 St Paul St Huntingdon Williamsport, Md.

19 (a) MAR 27 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1942 at 3.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to March 25 1942 and that I last saw h alive on Mar. 25 1942

Immediate cause of death Acute Cardiac Failure — Duration 24 hrs

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J Davies M. D.
Address 800 N 33rd St Date signed 3-26-42

VS 1

F 90585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 E. 22nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella C. Taylor

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Frank W. Taylor

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1866

8. AGE: Years: 76 | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: Thomas Mac Donald
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Elizabeth Slater
15. Birthplace: Balto Md.

16 (a) Informant: Mrs Marie Taylor
(b) Address: 101 E. 22nd St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 3/28/42 (month) (day) (year)
(c) ~~Cemetery or crematory~~: Woodlawn
Location: Md

18 (a) Funeral director: William Bok
(b) Address: 1217 St. Paul St.

19 (a) MAR 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25th 1942, at 9:31 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1942 to March 25 1942, and that I last saw h~~im~~er alive on March 25 1942

Immediate cause of death

Pneumonia or Sepsis — Duration: 1 day

Due to: Acute Bronchitis — Duration: 12 days

Due to:

Other Conditions: Arteriosclerosis and Senility

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred Hartman M. D.

Address 411 Mount Vernon Pl. Date signed 3/28/42

VS 3

Sol Smith
1213 E. North Ave
Ve 5210

F 90586

BALTIMORE CITY HEALTH DEPARTMENT

F 90586 CERTIFICATE OF DEATH 93-D

Registered No. F 90586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3822 Cottage Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Cottage Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Abraham Goldberg

3 (b) If veteran, name war —

3 (c) Social Security Account 216-03-1781

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mollie Sol

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-4-1886

8. AGE: Years 55 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Bernard Goldberg
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Goldberg
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mishkan Israel
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAR 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942. 2 19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to March 1942 and that I last saw h[illegible] alive on March 3 1942

Immediate cause of death — Duration

Due to Acute pulmonary edema — 3 hours

Due to Arteriosclerotic cardio vascular disease — 1 1/2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith
Address 1213 E. North Ave Date signed M. 3/26/42 D.

F 90587 ; BALTIMORE CITY HEALTH DEPARTMENT ✓ 131-B F 90587

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1046 Harford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Ward No. 10 Street No. 1046 Harford ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 (a) FULL NAME Laura Compton

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4 Female
5. Color or race Col
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14 1877

8. AGE: Years 66 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Eliza Mellvis
15. Birthplace Md

16 (a) Informant Bessie Smyth
(b) Address 1046 Harford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 28 42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St
MAR 27 1942 (Date rec'd by Registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 · 24 1942, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1942, to Mar 24 1942 and that I last saw h[illegible] alive on Mar 23 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 1 d
Due to
Due to
Other Conditions Chronic nephritis — 2 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. A. Lowry M. D.
Address 1306 Chase Date signed 3-24-42

VS 3

Please write plainly; please write the causes of death clearly and legibly. The information is especially important. Physicians

F 90588 — Dr. Williams 803 N. Fremont Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-a — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED: F 90588
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Woodbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Duvall

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph Duvall
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 24 1873
8. AGE: Years 68 | Months 9 | Days 25 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Nancy Ennis
15. Birthplace Md

16 (a) Informant Minnie Davis
(b) Address 2503 Woodbrook ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42 (month) (day) (year)
(c) Cemetery or crematory St Peter Cem
Location Baltimore
18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.
19 (a) Mar. 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25 1942, at 11:00 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942, to March 25 1942, and that I last saw deceased alive on March 25 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to Hypertensive Cardiac Weakness Fatal Rapid
Due to Uraemia
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature 803 N Fremont M. D.
Address Date signed 3-28-42

VS 8

F 90589 (1218)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

F 90589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940? Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Greenmount Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris McGee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1939

8. AGE: Years	Months	Days	If less than one day
2	4	7	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nannie Wright
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof March 29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto County

18 (a) Funeral director Sether Grove
(b) Address 1408 Ashland Ave

19 MAR 27 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1942, at 7-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7-42 19__, to 3-24 1942, and that I last saw h[illegible] alive on 3-24 1942

Immediate cause of death Cardiac Failure — Duration

Due to Congenital Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rackte M. D.
Address Balto City Hosp Date signed 3-27-42

F 90590

SS 64777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-C Registered No.

F 90590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 North Charles
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Winn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert Winn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1873

8. AGE: Years	Months	Days	If less than one day
68	8	24	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Unknwon

11. Industry or business

FATHER
12. Name George Poole (Foster Father)
13. Birthplace ?

MOTHER
14. Maiden Name Mary Ford (Foster Mother)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Locust Point Cemetery
Lucas Funeral Home of Balto. Co. Inc.

18 (a) Funeral director John J. Lahey Jr.
(b) Address 1316 E. Fayette St.

MAR 27 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 3-18 1942 at 6 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1941 to 3-18 1942, and that I last saw h alive on 3-18 1942

Immediate cause of death ? Coronary occlusion

	Duration
Due to	?
Due to	
Other Conditions Hypothyroidism	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 3-25-42

VS 3

F 90591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90591 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Morris Block
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Charles Cohen
(b) Address 116 N Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAR 27 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942 to March 26, 1942 and that I last saw her alive on March 26, 1942

Immediate cause of death Uremia

Due to Nephrosclerosis

Due to Hypertrophy of anterior & Ventricular sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Zucker M. D.
Address Sinai Hosp. Date signed 3-27-42

Huntington Williams, M.D.

F 90592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-C

F 90592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 S. Norris St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
Street No. 409 S. Norris St.
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Kraus

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-44-1537

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Parsion

6 (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): August 2-1892

8. AGE: Years: 49 | Months: 7 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Brakeman

11. Industry or business: Jersey Central R.R.

FATHER
12. Name: George M. Kraus
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Lury E. King
15. Birthplace: Georgetown Delaware

16 (a) Informant: Alice M. Kraus
(b) Address: 409 S. Norris St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 28-1942 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: C. H. Grafton's
(b) Address: Pratt & Stricker Sts

19 (a) March 28 1942 (b) Huntington Williamsport Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 7:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1941 to Mar. 25 1942, and that I last saw h.i. alive on Mar. 24 1942.

Immediate cause of death: Bronchiogenic carcinoma — Duration

Due to

Due to

Other Conditions Chr. Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.

Address 700 N. Fulton Ave Date signed 3/26/42

VS 3

F 90593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 90593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4632 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4632 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James G. Thomas.

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. 212-03-0857

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Helen G. Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1890

8. AGE: Years 51 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Girls Latin School

FATHER
12. Name James Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Julia —
15. Birthplace Va.

16 (a) Informant Helen G. Thomas
(b) Address 4632 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert H. Grogan
(b) Address 804 E. Caroline St.

19 (Filed) MAR 27 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26-1942, to 3-26-1942, and that I last saw h[im] alive on 3-26-1942

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hrs.
Due to Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Johnson M. D.
Address 312 E 23rd St. Date signed 3-27-42

VS 3

F 90594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

F 90594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a
(c) City or town Harwood, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annie Lillian Bischoff

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anthony Bischoff

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March. 21. 1896

8. AGE: Years 46 Months 0 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Floyd Co Virginia (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business High School

FATHER 12. Name Bennett Smith

13. Birthplace Va

MOTHER 14. Maiden Name Martha Martin

15. Birthplace Va

16 (a) Informant Anthony Bischoff

(b) Address Harwood. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)

(c) Cemetery or crematory Reward St James Cem

Location Tracy's Md

18 (a) Funeral director T. B. HARDESTY & Son

(b) Address Galesville Md

MAR 27 1942 (Date rec'd by registrar) Huntingtown Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1942 to Mar. 26 1942, and that I last saw her alive on Mar. 26 1942.

Immediate cause of death Glioma Cystic of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Mar. 26, 1942

Major findings of operation: Cystic glioma of brain, increased intracranial pressure

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Forsyth M. D.

Address Md General Hosp. Date signed 3/27/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The name and address of informant should be carefully supplied.

F 90595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 Gittings Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-12
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 211 Gittings Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Klutch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Charles Klutch
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 23-1869

8. AGE: Years	Months	Days	If less than one day
72	3	2	hr. min.

9. Birthplace Shrewsbury Penna. (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Charles Sechrist
13. Birthplace Unknown

MOTHER
14. Maiden Name Julia Klemfetter
15. Birthplace Unknown

16 (a) Informant Charles Klutch
(b) Address 211 Gittings Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28-42 (month) (day) (year)
(c) Cemetery or crematory Govans Presb
Location Govanstown

18 (a) Funeral director Maurice Cook Suffer
(b) Address 1600 W. North Ave

19 (a) MAR 27 1942 Huntington Md (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1941, to Mar 25 1942, and that I last saw h[illegible] alive on Mar 25 1942.

Immediate cause of death
Pulmonary Edema
Acute Myocarditis
Due to
Arteriosclerotic Myocarditis
Due to
Other Conditions Arteriosclerotic Atherosclerosis
(Include pregnancy within 3 months of death)

Duration
1938
1938
1938
1942

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Bishop M. D.
Address 501 503 Shenda A Date signed 3-26-42

VS 3

Please answer all questions as accurately as possible. Physicians: please write the causes of death clearly and legibly.

412866

F 90596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

172-B

F 90596

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E Biddle
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lloyd J Kinzer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-7544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-03

8. AGE: Years	Months	Days	If less than one day
38	7	26	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation PRINTER

11. Industry or business

FATHER
12. Name Albert Kinzer
13. Birthplace Md

MOTHER
14. Maiden Name Emma Lloyd
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 /42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director Philip Henry Lee
(b) Address 2414 Eutaw Pl Baltimore, Md

19 (a) MAR 27 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR- 26 1942, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 12 1942, to MAR 26 1942, and that I last saw HIM alive on MAR 26 1942.

Immediate cause of death	Duration
Peritonitis	12 hrs.
Due to Perforation bowel	12 hrs.
Due to	
Other Conditions Volvulus Sigmoid Bowel	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Volvulus Sigmoid Bowel - Gangrene

Autopsy: — No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Gray Watson M. D.
Address Johns Hopkins Hosp. Date signed 3/26/42

VS 3

F 90597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D Registered No. F 90597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 N. Patterson Pk. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm C. Rock

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-4994

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine J. Rock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	28	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Manager Salesman
11. Industry or business Little Grei

FATHER
12. Name Fred. Rock
13. Birthplace Ger.

MOTHER
14. Maiden Name Fredericka —
15. Birthplace Ger.

16 (a) Informant Catherine J. Rock
(b) Address 402 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herwig Inc
(b) Address 2024 Orleans st

MAR 27 1942 Huntington Williams M.D.
(Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1941 to Mar 26 1942 and that I last saw him alive on March 19 42

Immediate cause of death	Duration
Subacute bacterial endocarditis - streptococcus	1 year
Due to Syphilis of aorta and aortic insufficiency	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan Bernstein M. D.
Address 1039 N. Calvert St Date signed 3/27/42

VS 8

F 90598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 90598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 E Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 306 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry T. Kemper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Evelyn Kemper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/1901

8. AGE: Years	Months	Days	If less than one day
40	1	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Former Merchant
11. Industry or business B & O. RR

FATHER
12. Name Chas E. Kemper
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs E Kemper
(b) Address 306 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. County Md

18 (a) Funeral director John J. Fallon & Sons
(b) Address 1718 E Monument St

19 (a) MAR 27 1942 (Date rec'd by registrar) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1942 at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1933 to 3-25, 1942, and that I last saw him alive on 3-23 1942.

Immediate cause of death Chronic Rheumatic Carditis — Duration 10 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Lollod M. D.
Address 707 E. Fort Ave. Date signed 3-27-42

VS 2

F 90599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-F

Registered No. F 90599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a
(c) City or town Dolley
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G. Crane

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-14-9398

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Crane

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 20-1905

8. AGE: Years 37 | Months 3 | Days 5 | If less than one day: hr. min. 36

9. Birthplace: Pennsylvania Pa
(Town, county, and state)

10. Usual Occupation: Sticks on angle

11. Industry or business: Tanfield Ship Yard

FATHER
12. Name: H. H. C
13. Birthplace: P

MOTHER
14. Maiden Name: Carrie Donahue
15. Birthplace: P.

16 (a) Informant: Mary Crane
(b) Address: A A Co

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar 27-42 (month) (day) (year)
(c) Cemetery or crematory: Jersey Shore Pa
Location

18 (a) Funeral director: Robert Brooks & Son
(b) Address: Calhoun & Holland Sts

19 (a) MAR 27 1942 (registrar's signature) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 9-15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull
Intracranial
Due to: injury
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 3/23/42 at 8:30 P.M.
(c) Where did injury occur? Fabrication Yard Beth Steel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury: Struck by steel coming

23. Signature: H. H. Vandegrift M.D.
Medical Examiner.
Date signed: 3/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 90600

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs,
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Belmont ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Benjamin Fowlkes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Josephine Fowlkes

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Bird 3/1865

8. AGE: Years 76 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Illinois
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unk. Fowlkes
13. Birthplace Virginia

MOTHER
14. Maiden Name Unk. Hart
15. Birthplace Virginia

16 (a) Informant Richard Fowlkes
(b) Address 3230 Belmont ave.

17 (a) Burial (b) Date thereof Mar. 28, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem.
Location Perrymans, Md.

18 (a) Funeral director C. Harry Weed
(b) Address Sykesville, Md.

19 MAR 27 1942 Huntington Williams MD
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1942 at 1 57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1942 to 3/26 1942 and that I last saw him alive on 3/26 1942

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Myocardial failure — 2 wks.

Due to Arteriosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reiter M. D.
Address 3408 Windsor Ave Date signed 3/28/42

VS 3

90601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 - a Registered No. F 90601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2937 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar W. Germain

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 211-05-0154

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth S. Germain

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 21-1861

8. AGE: Years 61 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation: General Contractor

11. Industry or business

FATHER 12. Name Thomas E. R. Germain

13. Birthplace Balto Co. Md

MOTHER 14. Maiden Name Annie Van Horn

15. Birthplace Balto Co. Md.

16 (a) Informant: Elizabeth S. Germain

(b) Address 2937 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 28 42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cem

Location

18 (a) Funeral director: Chas. H. Grace & Son Inc

(b) Address 111 W. Mt. Royal Ave

19 (a) MAR 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 26 - 1942 at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry on and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 3-26-42

VS 6

F 90602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Agnes Hospital
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. or rural route Frederick Rd & Swanson Lane - Catonsville (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Charles B. Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1858

8. AGE: Years	Months	Days	If less than one day
84	9	1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James MacDougall
13. Birthplace Md

MOTHER
14. Maiden Name **********
15. Birthplace Md

16 (a) Informant St Agnes
(b) Address Balto - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Baltimore, Maryland

18 (a) Funeral director H C Mears & Son
(b) Address 805 North Calvert Street

19 (a) MAR 27 1942 (b) Huntington Hillcrest M.P. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1942, at 8:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1942 to 3/26 1942, and that I last saw her alive on 3/26 1942

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions Fr. left hip — 2 wks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide acc.
(b) Date of occurrence 3/11 1942 at 1:17 P M
(c) Where did injury occur? Catonsville (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work?
(e) Means of injury fell from a chair

23. Signature J H Burgess M. D.
Address St Agnes Hosp Date signed 3/26

Howard J. Goldie, M.D. Pres. M.S.

90603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44-B

Registered No. E 90603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 Oakland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE HOLMES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAR 27 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
Per H. A. Moore

19 MAR 27 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

8059

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death: Hodgkin's disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Wallenmeyer M.D.
Medical Examiner.

Date signed 3-30-42

90604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 90604

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Richmond (If outside city or town limits, write RURAL and give town)
(d) Street No. Richmond (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Earl Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 27 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 27 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

8068

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942 at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vanderhoff M.D.
Medical Examiner
Date signed 3/20/42

F 90695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. F 90695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 E. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME John G Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 27 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAR 27 1942 (Signature of undertaker) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1942 at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm G Skelsch M.D. Medical Examiner.
Date signed 3/6/42

VS 4

8057

F 90606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/24-a

F 90606 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 242 E Fort Ave (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Martens

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-0114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1888

8. AGE: Years	Months	Days	If less than one day
53	5	22	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Day laborer & sweeper
11. Industry or business Work

FATHER
12. Name Don't know
13. Birthplace Italy

MOTHER
14. Maiden Name Don't know
15. Birthplace Italy

16 (a) Informant Mrs Dorothy Zakrzewski
(b) Address 1238 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 Ab York Rd

MAR 27 1942 (Date rec'd by registrar) (b) Huntington Hilton Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 9:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Acute alcoholism
Chronic alcoholism
Cirrhosis of liver
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

Was autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Vandegrift M.D. Medical Examiner.
Date signed 3/26/42

VS 6

F 90607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90607
Registered No.

The following information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lenden Ave + Madison St.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 93
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Blizzard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Nattalene Blizzard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1866

8. AGE: Years	Months	Days	If less than one day
76 78	1	18 17	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John A. Blizzard
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Carrie C. Kemp.
15. Birthplace Balto city

16 (a) Informant Archibald Blizzard
(b) Address Home

17 (a) Burial (b) Date thereof May 30-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Gilead
Location Balto Co.

18 (a) Funeral director J. F. Glenn, Sons
(b) Address Reisterstown Md.

19 (a) MAR 27 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Mar 27 1942, and that I last saw h alive on Mar 27 1942

Immediate cause of death
Pulmonary Edema
Due to Cerebral Hemorrhage
Hypertension
Due to Cellulitis + Gangrene
of Right Arm + Scrotum
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation None
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fuller B. Whitworth M.D.
Address Maryland Gen Hosp Date signed 3-27-42

VS 3

F 90608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 90608 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who wilfully makes any false statement or omission should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2866 Hardord Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2866 Harford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	widowed

6 (b) Name of husband or wife George T Elder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 18 66

8. AGE: Years	Months	Days	If less than one day
75	5	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Hutman (Frederick)
13. Birthplace Md

MOTHER 14. Maiden Name Wolfe (Elizabeth)
15. Birthplace Md

16 (a) Informant Harry Elder
(b) Address 2866 Harford Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof March 28 48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director John Ullrich
(b) Address 20008 Orleans St

19 (Date rec'd by registrar) MAR 27 1942 Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to March 26 42 and that I last saw h[illegible] alive on March 26 1942.

Immediate cause of death	Duration
Myocarditis	4 Day
Due to Interstat pulmonary Fibrosis	5 yrs
Due to High blood pressure	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial plant, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas. L. Timmerman, M.D.
Address 9958 Harford Rd Date signed 3/27/42

VS 3

F 90609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 90609 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 02 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 E. Clement Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM WANDEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-5789

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel McDaniel
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 4, 1884

8. AGE: Years	Months	Days	If less than one day
57	11	21	hr. min.

9. Birthplace Laport, Indiana (Town, county, and state)
10. Usual Occupation CARPENTER
11. Industry or business

FATHER
12. Name Thomas Wandel
13. Birthplace Milwaukee, Wisconsin

MOTHER
14. Maiden Name Catherine
15. Birthplace LaPort, Indiana

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director John Uhlyh
(b) Address 2002 Orleans St

MAR 27 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1942, at 4:35p M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13, 1942, to March 25 1942, and that I last saw him alive on Mar. 25, 1942.

Immediate cause of death	Duration
Cachexia and inanition	2 mo.
Due to Bronchopneumonia	4 days
Due to Recurrent carcinoma of the stomach with metastases to ~~CHOLECYSTIS~~ lymphnodes, liver and peritoneal cavity	4 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/25/42

F 90610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72685 — 30-L — Registered No. F 90610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16-18- Market St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Mausshafer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Separated

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 1898

8. AGE: Years	Months	Days	If less than one day
43	10		hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Victor A. Kimmons
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alice Overcash
15. Birthplace North Carolina

16 (a) Informant Balto. City Hospt. records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2518 E Balto St

19 (a) MAR 27 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1942, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1942, to 3-26 1942, and that I last saw her alive on 3-26 1942.

	Duration
Immediate cause of death Arachnoid (Sub) Hemmorhage	3-17-42
Parasis (C.N.S. Lues)	Unk.
Due to	
Broncho Pneumonia(terminal)	36 hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt, M.D.
Address Balto. City Hospt. Date signed 3/26/42

F 90611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Broadway
(If rural give location)
Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Lawrence Stockman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Lena Schmidt

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 22. 1896

8. AGE: Years 45 | Months 9 | Days 3 | If less than one day — hr. — min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Bowmaker

11. Industry or business Unemployed

FATHER 12. Name Henry Stockman

13. Birthplace Balto.

MOTHER 14. Maiden Name Suzanna Schoon

15. Birthplace Balto Co

16 (a) Informant Mrs. Harry Lambert

(b) Address 23 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 (month) (day) (year)

(c) Cemetery or crematory Balto Cem.

Location North Ave

18 (a) Funeral director L. Heimann & Son

(b) Address 92 S. Broadway

19 MAR 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at — M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to March 25 1942 and that I last saw h— alive on March 25 1942

Immediate cause of death Circulatory Failure — Duration 1 day
Pulmonary edema — 1 day
Due to Myocardial degeneration — Few months
Due to —
Other Conditions Hypostatic Congestion — 2 days
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. T. Williams M.D.

Address 24 S. Bway Date signed Mar 27/42

VS 1

90612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 90612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4810 Arabia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4810 Arabia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton B W Litmer

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Blanche Beall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1866

8. AGE: Years	Months	Days	If less than one day
75	5	19	hr. min.

9. Birthplace Taneytown (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business self

FATHER
12. Name Louis W Litmer
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Schaum
15. Birthplace Unknown

16 (a) Informant Mary Curiel
(b) Address 4810 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location near Belair Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) MAR 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Address 4808 Harford Ave. Date signed 3/27/42

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1942 to Mar 26 1942 and that I last saw HIM alive on Mar. 25 1942.

Immediate cause of death Cerebral Hamorrhage — Duration 10 days.
Due to Generalized arteriosclerosis — Duration unknown
Due to Essential Hypertension — Duration unknown
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Sawyer

VS 3

F 90613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C. French

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Thos. Leigh French
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Butler
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine (Unknown)
15. Birthplace Ireland

16 (a) Informant Mrs. E. French
(b) Address 2601 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Cross
Location Frankford Rd

18 (a) Funeral director Wm. Gott
(b) 1417 E. Paul St

19 (a) MAR 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1942, at 12:35 M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11, 1942, to March 26, 1942, and that I last saw her alive on March 25, 1942

Immediate cause of death: Congestive heart failure — Duration: 6 hours
Due to: Cerebral hemorrhage — 7 days
Due to: Arteriosclerosis — Unknown
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philibert Antiginani M.D.
Address 2942 E. Fayette Street Date signed 3/27/42

VS 3

F 90614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-B

F 90614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irvin M. Eitner

3 (b) If veteran, name war: Spanish-American

3 (c) Social Security Account No. 215-01-0319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband/wife: Emma J. Eitner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19th 1877

8. AGE: Years	Months	Days	If less than one day
64	4	8	hr. min.

9. Birthplace Akron Ohio (Town, county, and state)
10. Usual Occupation Cooper
11. Industry or business, Philip Carey Co

FATHER
12. Name Unknown Eitner
13. Birthplace Penna

MOTHER
14. Maiden Name Annie Unknown
15. Birthplace

16 (a) Informant Emma J. Eitner
(b) Address 107 N. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Baltimore Md.

18 (a) Funeral director Williams Cook
(b) Address 127 St. Paul St.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAR 23 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th 1942 at 5:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Constriction of L. Sigmoid by adhesive band of peritoneum	
Due to	
Other Conditions Cirrhosis of Liver	years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Date of autopsy Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address St Joseph Hosp Date signed 3/27/42

90615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 90615

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 O'Donnell St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Siewierska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1871

8. AGE: Years	Months	Days	If less than one day
70	8	15	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Joseph Siewierski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Miss Mary Siewierski
(b) Address 3010 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Dundalk Ave

18 (a) Funeral director Stephen J. Fratkowski
(b) Address 1001 S. Kenwood Ave

MAR 28 1942 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to March 26 1942 and that I last saw h.. alive on March 25 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Due to Congestive Failure	March, 1941
Due to	March 26/42
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eichenmuck M.D.
Address 842 S. East Ave Date signed 3-27-42

VS 3

F 90616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. Johns Rd. Roland Park
(c) Hospital or institution:
Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City of Balto.
(c) City or town City of Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 St. Johns Rd.- Roland Pk.
(If rural give location)
If foreign born, how long in U. S. A.? NO years

3 (a) FULL NAME
Florence Isabelle Durborrow Neely

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Robert F. Neely
6 (c) If alive, give age ---- years
7. Birth date of deceased (mo., day, yr.) ? July ? 1877 ?
8. AGE: Years: about 65 | Months: 9- | Days: - | If less than one day: hr. min.
9. Birthplace: Balto., Maryland (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business: NONE

FATHER
12. Name: Alfred A. Darborrow
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Marietta Lednum
15. Birthplace: Cambridge, Md.

16 (a) Informant: Annie H. Thomas (Cousin)
(b) Address: Wyman Park Apartments, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 28 - 42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cemtery
Location: Frederick Avenue, City.

18 (a) Funeral director: Stewart & Mowen Comapny.
(b) Address: 105 W. North Ave. (W. F. Wooden-Suc.

19 (a) Filed MAR 28 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to 3/26 1942, and that I last saw h[illegible] alive on 3/26 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Arterio-Sclerosis — Duration: Indefinite
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: W. H. Moody M.D.
Address: 1400 E. Preston St. Date signed: 3/29/42

F 90617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 94a

F 90617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24-3
(c) Hospital or institution: Sinai Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Baltimore
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Third ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas B. Ingram

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 227-01-0340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Catherine C. Ingram
6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 12/7/1884

8. AGE: Years	Months	Days	If less than one day
57	3	19	hr. min.

9. Birthplace Montgomery, Alabama (city, county, and state)
10. Usual Occupation Mgr. Southern States Plant
11. Industry or business Fertilizer Co.

FATHER
12. Name John S. Ingram
13. Birthplace Alabama

MOTHER
14. Maiden Name Ida Dickenstaff
15. Birthplace Alabama

16 (a) Informant Mrs. Samuel Ingram
(b) Address 214 Third St, Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Baltimore County

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Fa. Ave.

19 MAR 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 8:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Vandegrift M.D. Medical Examiner.
Date signed 3/26/42

VS 6

F 90618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registration No. F 90618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1544 McKean Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1544 McKean Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet J. Galbreath

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	6	2		

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Housework

FATHER
12. Name William E. Galbreath
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Ann Davies
15. Birthplace England

16 (a) Informant Miss Margaret Galbreath
(b) Address 1544 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Jos. J. Fickus & Sons.
(b) Address North & Pa. Aves.

19 MAR 28 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1942, at 1225 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1941, to Mar 26 1942, and that I last saw h[er] alive on Mar. 25 1942.

Immediate cause of death
Carcinoma of Breast with metastases
Due to —
Due to Hardened Arteries

Duration
1940
1939

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of breast
Performed on Oct. 10 1941
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 W. North Ave. Date signed 3/24/42

F 90619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 90619 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Allonmale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Harig

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 5-1869
8. AGE: Years 72 Months 11 Days 23 If less than one day hr. min.
9. Birthplace: Balto.
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: John Harig
13. Birthplace: unknown

MOTHER
14. Maiden Name: unknown
15. Birthplace: unknown

16 (a) Informant: Mrs. Veronica Engelbrecht
(b) Address: 1017 Bonaparte Ave
17 (a) Burial (b) Date of burial: 3/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: St Peters
Location: Baltimore Md
18 (a) Funeral director: Wm Mickner Bond
(b) Address: North & Fa. Ave
Huntington Williams, M.D.
19 (a) MAR 28 1942 (b) Registrar
MAR 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942 at 7:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular
Due to: disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Date of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Wm J Kelpert M.D.
Medical Examiner.
Date signed 3/27/42

VS 6

F 90620 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

F 90620 1 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Kingston Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mildred Arthur

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband ~~or wife~~	6 (c) If alive, give age
Female	White	married	Milton H. Arthur	years

7. Birth date of deceased (mo., day, yr.) September 3, 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	6	23		

9. Birthplace Westminster, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Suppa
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosie Dredehale
15. Birthplace Maryland

16 (a) Informant Milton H. Arthur
(b) Address 504 Kingston Road

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 3-28-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Harry C. B. Wetzke
(b) Address 4101 E. Monument Ave

19 MAR 28 1942 (b) Huntingtown Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26- 1942, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Examination + Inquiry thereon and from the evidence obtained by said Examination + Inquiry (Autopsy or Inquiry) (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions Mental Deficiency	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-26-42 at 6 P. M
(c) Where did injury occur? 504 Kingston Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Inhalation Gas from range

23. Signature Howard J. Rutherford M.D.
Medical Examiner.
Date signed 3-27-42

F 90621 | BALTIMORE CITY HEALTH DEPARTMENT F 90621

CERTIFICATE OF DEATH

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo13da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodlawn, (If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH G. DEGREIF

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 212 07 6369

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Maude M. Frizzell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 19, 1891

8. AGE: Years	Months	Days	If less than one day
51	0	8	hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: BUTCHER
11. Industry or business:

FATHER: 12. Name PHILIP P. DEGREIF
13. Birthplace CATONSVILLE, MD.

MOTHER: 14. Maiden Name MARY B. KEHNA
15. Birthplace MARION, OHIO

16 (a) Informant: Records-US Marine Hospital.
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-1942 (month) (day) (year)
(c) Cemetery or crematory: [illegible]
Location: Randallstown, Md.

18 (a) Funeral director: [illegible]
(b) Address: [illegible]

19 (a) MAR 28 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1942, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12, 1942, to Mar. 27, 1942, and that I last saw h im alive on Mar. 27, 1942.

	Duration
Immediate cause of death: Cardiac disease, degeneration of myocardium and failure	2 years
Due to: Arteriosclerosis, general	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature J. G. Degreif M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/27/42

VS 3

F 90622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 90622
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5610 Cross Country Blvd.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 & 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5610 Cross Country Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Merz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1855

8. AGE: Years 86 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Philip Merz
13. Birthplace Germany

MOTHER
14. Maiden Name Gretchen Eckhardt
15. Birthplace Germany

16 (a) Informant Louise Lawder
(b) Address 3807 Bonner Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
MAR 28 1942
Eutaw Place

19 (a) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942, to March 27 1942 and that I last saw alive on 19

Immediate cause of death: Coronary Thrombosis — Duration 2 hrs.

Due to: General arteriosclerosis. 5 yrs.

Due to: Myocardial degeneration 3 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry E. Nolan M. D.
Address 3 W. Biddle St. Date signed 3.27.42

VS 1

F 90623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87C

F 90623 Registered No.

Please write clearly and legibly. Use black ink or indelible pencil. Do not use abbreviations. If the cause of death is not known, so state.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 St. Paul St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret White Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Charles E. Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1861

8. AGE: Years	Months	Days	If less than one day
80	9	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George B. White
13. Birthplace Va.

MOTHER
14. Maiden Name Mary C. Moses
15. Birthplace Pa.

16 (a) Informant Stuart N. Anderson
(b) Address 2919 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery ~~Arlington~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

MAR 28 1942 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 19 42 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to March 26 1942 and that I last saw her alive on March 25 1942

Immediate cause of death: Acute dilatation of heart
Due to Arterio-sclerosis
Due to Hypertension
Other Conditions Paralysis agitans

Duration 1 day. about 8 A.M. about 10 A.M.

?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter D. Siebert M. D.
Address 2220 Garrison Blvd. Date signed

VS 8

F 90624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/[illegible]

8. AGE: Years	Months	Days	If less than one day
69	7	7	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation night nurse
11. Industry or business Old Folks Home

FATHER
12. Name Richard Stewart
13. Birthplace md.

MOTHER
14. Maiden Name Elizabeth Blackstone
15. Birthplace Va.

16 (a) Informant Beatrice Mitchell Hart
(b) Address 1214 Harlem ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. D. [illegible] County Md

18 (a) Funeral director Adolphus Hall
(b) Address 9 E. Eutaw Hall Alle.

MAR 28 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Lobar pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Anderson M.D. Medical Examiner.
Date signed 3/26/42

VS 6

F 90625 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

F 90625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Gen. Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 W. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm McE Cutcheon

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-3622

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maybell

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1900

8. AGE: Years 42 | Months 2 | Days 25 | If less than one day: hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Sampson McCutcheon
13. Birthplace Lake City, S. C.

MOTHER
14. Maiden Name Draick?
15. Birthplace S.C.

16 (a) Informant Maybell McCutcheon
(b) Address 526 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave

19 MAR 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1942 at 9.30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to Apoplexy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreau M.D. Medical Examiner.
Date signed 3-27-42

VS 6

F 90626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 121

F 90626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Mad. St.
(c) Hospital or institution: Md. Gen. Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ellicott City Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Albans & Talbeyville
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Smith ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 714-10-8236

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-80

8. AGE: Years 61 Months 4 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Balto. (City, county, and state)

10. Usual Occupation Setter

11. Industry or business

FATHER
12. Name Joseph A. Smith
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth Ritterman
15. Birthplace Balto

16 (a) Informant Bessie Smith
(b) Address Wife - Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road

18 (a) Funeral director John A. Horan
(b) Address 3500 E. Balto. St.

MAR 28 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26-42 at 8:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 19 42 to 3-26 19 42 and that I last saw him alive on 3-26 19 42

Immediate cause of death Bronchopneumonia — Duration: days

Due to

Due to — Duration: days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-5-42

Major findings of operation: Exploratory laparotomy & appendectomy

Was there an autopsy? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Lucht M.D.
Address Md. Gen. Hosp. Date signed 3/27/42

VS 3

Physician: please write the causes of death clearly and legibly. The [illegible] amount be entirely supplied.

413458 F 90627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1613

F 90627 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(c) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town SPARKS (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-42

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Speed
13. Birthplace Md

MOTHER
14. Maiden Name MARIAN Scott
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Stevenson
Location Sparks, Maryland

18 (a) Funeral director Leander M. Brooks
(b) Address Sparks, Maryland

19 (Registrar's signature) MAR 28 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-25 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 23 1942 to MAR 25 1942, and that I last saw HIM alive on MAR 25 1942

Immediate cause of death Peritonitis — Duration 1 week.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Fulcher M. D.
Address Johns Hopkins Date signed 3.27.42

413578
F 90628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 M

F 90628
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LeRoy Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-41
8. AGE: Years | Months 2 | Days 26 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name LeRoy Johnson
13. Birthplace Pa

MOTHER
14. Maiden Name Lennie Hodge
15. Birthplace Miss

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co Rd

18 (a) Funeral director R Hunt Williams
(b) Address 1575 McCulloh St

19 (Registrar's signature) MAR 28 1942 Huntington Woods, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 27 1942 at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 25 1942 to MAR 27 1942 and that I last saw HIM alive on MAR 27 1942.

Immediate cause of death: Intracranial hemorrhage — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Anne Fulaher M. D.
Address Johns Hopkins Date signed 3-27-42

Burth F. 41747

F 90629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 54

F 90629
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 marshall St
(c) Hospital or institution: 11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 marshall St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Burke (Birth F 46262)

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-27-42

8. AGE: Years | Months • | Days | If less than one day 6 hr. min.

9. Birthplace Butler md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name albert Dennis Burke
13. Birthplace Butler

MOTHER
14. Maiden Name Jean C Coplan
15. Birthplace Butler

16 (a) Informant Jean E. Burke
(b) Address 1219 marshall

17 (a) Burial (b) Date thereof March 29 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore Maryland

18 (c) Funeral director Joseph A. Lowry
(b) Address 1129 North Mount Street

19 MAR 28 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1942, to March 27 1942 and that I last saw h[illegible] alive on March 27 1942.

Immediate cause of death — Duration

Premature Birth

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Eichelberger M. D.
Address 803 N Fremont Date signed 3-28

VS 3

F 90630 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90630

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Eislen St. 27-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Matilda Johnson

If U. S. Veteran specify WAR _____

(a) Residence: No. 502 Eislen St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed or divorced WIFE of (or) HUSBAND of George Johnson

6. DATE OF BIRTH (month, day, year) December 20 1899

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
50	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Sandy Grant

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Dirk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha Keys

(Address) 931 Hillen Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 27 1942

19. UNDERTAKER Joseph A. Lynch

(Address) 619 North Mount Street

20. FILED MAR 28 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1942 to Mar 25, 1942

I last saw h-er alive on Mar 25, 1942 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

None

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? _____

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Phillip W. Lazinow M. D.

(Address) 665 W. Barre St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 90631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 90631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Byrd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Broseker

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	W.

6 (b) Name of husband or wife Margaret McCormick
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 9th 1886

8. AGE: Years	Months	Days	If less than one day
56	2	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Hod Carrier
11. Industry or business

FATHER
12. Name — Broseker
13. Birthplace Balto.

MOTHER
14. Maiden Name Annie Batchler
15. Birthplace Balto.

16 (a) Informant Mrs. John Mulligan
(b) Address 1515 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Highway

18 (a) Funeral director J. Fyfe Conaty
(b) Address 134 E. Fort Ave.

MAR 28 1942 (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1942 at 9.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquest, that I did / did not view the remains, and from the evidence obtained by said Autopsy / Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 3-27-42

MAR 28 1942 (Registrar)

VS 6

F 90632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 90632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 E Monument Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EARLE J. ALLEN

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-05-6363

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Muriel Mallow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4th 1901

8. AGE: Years	Months	Days	If less than one day
40	11.	24	hr. min.

9. Birthplace Birmingham Alabama (Town, county, and state)
10. Usual Occupation Brick Mason
11. Industry or business

FATHER 12. Name McNelly
13. Birthplace N. C.

MOTHER 14. Maiden Name Fannie Rodgers
15. Birthplace N. C.

16 (a) Informant Mrs. Muriel Allen
(b) Address 3324 Chelsea Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42 (month) (day) (year)
(c) Cemetery or crematory Westview Cem
Location Edmondson Ave

18 (a) Funeral director J. J. McCarthy
(b) Address 120 E. Fayette St.

MAR 28 1942 Huntington Williams, M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 10 37/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Asst Medical Examiner
Date signed 3-25-42

VS 6

F 90633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90633

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Poplar Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John Thomas Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mary L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1878

8. AGE: Years	Months	Days	If less than one day
64	0	23	hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Skilled Laborer

11. Industry or business

FATHER
12. Name James Finn
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne McCullain
15. Birthplace Ireland

16 (a) Informant Mary L. Finn
(b) Address 1304 Poplar Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42 (month) (day) (year)
(c) Cemetery or crematory New Cath
Location Frederick Ave

18 (a) Funeral director D. F. McCarthy
(b) Address 70 E. Fort Ave

MAR 28 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1942 at 1 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1942 to March 27 1942, and that I last saw h[illegible] alive on March 27 1942

Immediate cause of death	Duration
Adams-Stoke's Syndrome	
Due to Complete Heart Block	1 week
Due to Arteriosclerotic Heart Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting M. D.

Address Bon Secours Hosp. Date signed 3-27-42

VS 3

F 90634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 13-B

F 90634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 679 d
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy Wilson 55599

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	Sep.

6 (b) Name of husband or wife Alma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1900

8. AGE: Years	Months	Days	If less than one day
41	5	18	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Shoe shiner
11. Industry or business

FATHER
12. Name Willie
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Hawkins
15. Birthplace Blackstone, Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto. Md.

18 (a) Funeral director Charles Harper
(b) Address 5144 N. Calhoun St.

MAR 28 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1942, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940 to Mar. 23 1942, and that I last saw h im alive on Mar. 23 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 yrs?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 7-24-42

Fill out cause of death clearly and legibly.

F 90635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 N. Pine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Cutler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	col	married

6 (b) Name of husband or wife Sadie Cutler

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 1877

8. AGE: Years	Months	Days	If less than one day
64	9		hr. min.

9. Birthplace Va (town, county, and state)

10. Usual Occupation Saloon

11. Industry or business

FATHER
12. Name Samuel Cutler
13. Birthplace Va

MOTHER
14. Maiden Name Mary Mayer
15. Birthplace Va

16 (a) Informant Sadie Cutler
(b) Address 310 N Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) [illegible] 332 Schroeder St

19 (a) MAR 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1942, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1942 to 3/24 1942, and that I last saw him alive on 3/23 1942.

Immediate cause of death Chronic Cardio-Vascular Renal Disease, about
Due to Pulmonary Edema

Duration
6 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M. D.
Address 600 N Carey St Date signed 3/26/42

F 90636 / 72629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brown

72629

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1923

8. AGE: Years	Months	Days	If less than one day
19 20	1	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Brown
13. Birthplace W.I.

MOTHER
14. Maiden Name Dora Brown
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAR 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 19 42 at 4:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18 19 42 to Mar. 23 19 42, and that I last saw him alive on Mar. 23 19 42

Immediate cause of death Pulmonary tuberculosis — Duration 7 days?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard L. Rathbun M. D.
Address Balto. City Hosp. Date signed 3-23-42

VS 2

F 90637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 90637

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 N. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) USUAL NAME
Margaret Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Charles Wilson
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 3/19/87

8. AGE: Years	Months	Days	If less than one day: Hr.	Min.
55		7	1	2

9. Birthplace Taneytown Md
(Town, county, or state)
10. Usual Occupation Domestic
11. Industry or business Home Wife

FATHER
12. Name Henry Hill
13. Birthplace Taneytown Md.

MOTHER
14. Maiden Name Louise Bittle
15. Birthplace Emmitsburg Md

16 (a) Informant Carrie Hill (Sister)
(b) Address 234 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
Address 342 N. Schroeder St.

19 MAR 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1942 at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28th 1942 to Mar 26 1942 and that I last saw him alive on Mar 25th 1942.

Immediate cause of death: Acute Myocarditis. Duration 3/26/42

Due to: Carcinoma of Breast Duration Aug 1942

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Tyson Gunn M.D.
Address 542 N. Arlington Ave

VS 2

F 90638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. F 90638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address 2213-Homewood-Avenue
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Homewood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Scherf Anna Elizabeth Scherf

3 (b) If veteran, name war -----

3 (c) Social Security Account No. nobe

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Otto Scherf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11th 1880

8. AGE: Years	Months	Days	If less than one day
61	4	13	hr. min.

9. Birthplace Brooklynville, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Geo. O. Brown
13. Birthplace Phelps, New York

MOTHER
14. Maiden Name Sarah Cole
15. Birthplace Md.

16 (a) Informant Mr. Otto Scherf
(b) Address 2213 Homewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location

18 (a) Funeral director Lester Hegidafelt
(b) Address 1 E. Saratoga St.

19 (a) MAR 28 1942 (Date rec'd by registrar) (b) Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24- 1942 at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1942 to 3-24 1942 and that I last saw her alive on 3-24 1942

Immediate cause of death: cerebral thrombosis — Duration

Due to arterio-sclerotic and hypertensive C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: cerebral thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert J. Stein
Address Sinai Hospital Date signed 3-24-42

VS 3

90639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$20 ✓ Registered No. F 90639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4917 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4917 Hamilton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Virginio Talina

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1882

8. AGE: Years	Months	Days	If less than one day
59	10	15	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Construction

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Frank Talina
(b) Address 4917 Hamilton Ave

17 (a) Burial (b) Date thereof 3/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Linton Heydel Co.
(b) Address 1517 East Lombard St

19 MAR 28 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said .. find that said deceased came
(Autopsy or Inquiry)
to ~~his~~ death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Vandegrift M.D.
Medical Examiner.
Date signed 3/26/42

VS 6

F 90640

BALTIMORE CITY HEALTH DEPARTMENT 61 ✓ Registered No. F 90640

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Gorsuch Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Gorsuch Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L. Shriner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John G. Shriner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26th. 1871

8. AGE: Years	Months	Days	If less than one day
70	3	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER | FATHER
12. Name William H. Yearley
13. Birthplace Baltimore, Maryland
14. Maiden Name Emma K. Hall
15. Birthplace Virginia

16 (a) Informant Mrs. Roland Patton
(b) Address 1127 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Hamilton Funeral Home
(b) Address 7401 Belair Road

MAR 28 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27th. 1942 at 3.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/ 1937 to Mar 27 1942, and that I last saw alive on Mar 27 1942

Immediate cause of death Hypostatic Pneumonia — Duration

Due to Dilatation of Heart

Due to Hypertension

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Warren Walker M. D.
Address 422 Mulberry Date signed 3/28/42

VS 3

F 90641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2526 Francis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Jayne J. Carty

3 (b) If veteran, name war: 1. St. World War
3 (c) Social Security Account No. 201-09-4562

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Estella L. Carty
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): May 30. 1896
8. AGE: Years 45 | Months 9 | Days 27 | If less than one day: hr. min.
9. Birthplace: Richmond Va. (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business

FATHER
12. Name: John Carty
13. Birthplace: Va

MOTHER
14. Maiden Name: Hannah Cameron
15. Birthplace: N. C.

16 (a) Informant: Estella L. Carty
(b) Address: 2526 Francis St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Mar 29. 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Road

18 (a) Funeral director: Chas. Wm. John W. Tenkerson
(b) Address: 801 W. Fayette St.

19 MAR 29 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28 1942, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1942 to 3/28 1942 and that I last saw h[illegible] alive on 3/28 1942

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Due to	
Due to	
Other Conditions Chr. pulmonary tbc.	7

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thos. H. Scott, M.D.
Address: 4 W Pratt Date signed: 3/28/42

VS 3

AB. 72715 **F 90642** BALTIMORE CITY HEALTH DEPARTMENT **F 90642**

CERTIFICATE OF DEATH 47-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 Pelham Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME John Walter Becker — John Walter Becker

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-6842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna E Becker
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1-24-1886

8. AGE: Years	Months	Days	If less than one day
56	2	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Leonhardt Wagon Works

FATHER 12. Name Louis Becker
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Elizabeth Schmidt
15. Birthplace Baltimore, Md

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mr. Mrs. John N. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) Huntington Williams, M.D. (Date rec'd by registrar)
MAR 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26 1942 at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1942 to 3-26 1942 and that I last saw h alive on 3-26 1942

Immediate cause of death
Hemorrhage from
Due to Metastatic Carcinoma of Throat — Duration 2 Wks
Due to Carcinoma of Larynx — 4 Mo 4 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D B Stetler M. D.
Address Balto City Hosp Date signed 3-27-42

F 90643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 90643

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1242 S Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 S. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kujawa or Kavova

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 14 1878

8. AGE: Years 63 | Months 7 | Days 12/8 | If less than one day: hr. 1878 min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business: At Home

FATHER
12. Name: Adam Wtodarski
13. Birthplace: Poland.

MOTHER
14. Maiden Name: Josephine ?
15. Birthplace: Poland.

16 (a) Informant: Frances Reimers
(b) Address: 1242 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 30 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Pulaski Hwy & Hall Rd

18 (a) Funeral director: Martin H. Kippel
(b) Address: 37 S. Amity St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 11 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940 to March 26 1942, and that I last saw her alive on March 26 1942.

Immediate cause of death: Carcinoma of Left Breast with generalized metastasis
Due to (Carcinomatosis)
Due to
Other Conditions: None.
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: None

Duration
June 1940.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D.
Address: 842 S. East Ave Date signed 3-26-42

VS 3

F 90644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1606 Quantico Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David KARCHEM (KERSHANY)
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-16-4285

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name David —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Louis Karchem
(b) Address 1734 Ann Ave N.W. Wash. DC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Joel Levin Inc
(b) Address 439 E. Balto. St

19 (a) MAR 20 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1942, to March 27 1942, and that I last saw h.M alive on March 27 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —
23. Signature Joshua M. Perman
Address WBGH Date signed 3/27/42

VS 2

F 90645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 90645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Broadway
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Eldorado Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Silverstein

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 27, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	—	3 hr. 0 min.

9. Birthplace Sinai Hosp. Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Herman Silverstein
13. Birthplace Baltimore, md

MOTHER
14. Maiden Name Mitzi Abel
15. Birthplace Baltimore, md

16 (a) Informant Mitzi Silverstein
(b) Address 4002 Eldorado Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 3-29-42 (month) (day) (year)
(c) Cemetery Smallwood at Evergreen Location Ridgedale

18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Baltimore St

MAR 29 1942 (Date rec'd by registrar) (b) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 P.M. 3/27 1942 to 9:40 P.M. 3/27 1942 and that I last saw h.c.y. alive on 3/27 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature

Address M. W. Garonza M. D. Date signed 3/29/42

VS 8

F 90646 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90646

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 604 E. Baltimore St. 1st Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rosario Maggio
If U. S. Veteran specify WAR .....
(a) Residence: No. 604 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs Rosaria Maggio

6. DATE OF BIRTH (month, day, year): April 7-1864

7. AGE: Years 77 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cefalu' - Italy

FATHER
13. NAME: Rosario Maggio
14. BIRTHPLACE (city or town) (State or country): Cefalu' - Italy

MOTHER
15. MAIDEN NAME: Rosaria Maggio
16. BIRTHPLACE (city or town) (State or country): Cefalu - Italy

17. INFORMANT: Rosaria Maggio. (wife)
(Address) 604 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 3/30/42 19

19. UNDERTAKER: Joseph Farace Inc
(Address) 213 Monument St

20. FILED MAR 29 1942 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 26, 1942.

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1942 to March 26, 1942
I last saw him alive on March 26, 1942. Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: Exhaustion	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Luigi D. Di Stefano M.D. M. D.
(Address) 407 N. Eutaw St.

V. S. OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 90647

SS 72833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 90647

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hours

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 806 E. 35th St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmund T. Horner Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	220-14-3736	Male	White	Married

6 (b) Name of husband or wife Mary Olivia

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 16, 1891

8. AGE: Years	Months	Days	If less than one day
50	9	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business United Cigar Store

FATHER

12. Name Edmund T. Horner Sr.

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Irene Miller

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto. Md.

18 (a) Funeral director Robert S. Little

(b) Address 2700 Edmondson Ave.

19 MAR 29 1942 Justice for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1942, at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942 to 3-28 1942 and that I last saw him alive on 3-28 1942

Immediate cause of death ? Brain tumor — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City, Md. Date signed 3-29-42

F 90648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94

F 90648
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 Harford Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Harford Terrace
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H.Kelly

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Kelly

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 16, 1868

8. AGE: Years 74 | Months - | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Builder

11. Industry or business

FATHER
12. Name John H.Kelly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name ? Bentz
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Marie Kelly
(b) Address 4210 Harford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) MAR 29 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1942, to March 27 1942, and that I last saw him alive on March 27 1942.

Immediate cause of death Coronary Occlusion — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature H. H. Kelly M. D.
Address 5106 Harford Rd Date signed 3-27-42

VS 3

Huntington Williams, M.D.

F 90649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 E. Biddle St.
(c) Hospital or institution:
at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1023 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ambrose P. Pilkerton

3 (b) If veteran, name war: World War No 1
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie C. Richard Pilkerton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 11. 1894
8. AGE: Years 48 | Months 0 | Days 16 | If less than one day hr. min.
9. Birthplace St. Mary's County Md.
(Town, county, or state)
10. Usual Occupation Manufactured Steel Worker
11. Industry or business

FATHER
12. Name James Pilkerton
13. Birthplace St. Mary's County Md

MOTHER
14. Maiden Name Fanny Murphy
15. Birthplace St. Mary's County Md

16 (a) Informant Mrs Minnie C. Pilkerton
(b) Address 1023 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Taylor Ave Gr. Herring Rd

18 (a) Funeral director Edmund W. Conklin
(b) Address 924 E. Eager St.

MAR 29 1942
(Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 27 - 1942, at 4p M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1942 to 3/23 1942 and that I last saw him alive on 3/23 1942

Immediate cause of death: Ch Pulmonary TB — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Bloomstein M. D.
Address 733 Augusta St Date signed 3/28/42

VS 2

F 90650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 90650

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street address 1921 W. Lanvale St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine A. Trainor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Frank Trainor
6 (c) If alive, give age 8 years

7. Birth date of deceased (mo., day, yr.) July 7, 1859

8. AGE: Years 82 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation House Maid
11. Industry or business At Home

FATHER
12. Name Fred Hilmer
13. Birthplace Germany

MOTHER
14. Maiden Name Gutknecht
15. Birthplace Germany

16 (a) Informant Fred Trainor
(b) Address 1921 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore, Maryland

18 (a) Funeral director J. B. Shipley & Son
(b) Address 1918 Eutaw Place

19 (a) MAR 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1942, at 2:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1- 1942, to 3-26 1942, and that I last saw her alive on 3-26 1942.

Immediate cause of death: Cerebral Embolism — Duration 2 days

Due to: Chronic Nephritis — 6 yrs.

Due to: Senility.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Klaus

Address 4 N. Fulton Date signed 3/28/42

VS 3

F 90651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/86

F 90651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3917 Yolanda Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin C Cook Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha F.

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Mar. 13. 1873

8. AGE: Years 69. Months - Days 14 If less than one day - hr. - min.

9. Birthplace Taylorsville Maryland (Town, county, and state)

10. Usual Occupation — Retired. —

11. Industry or business

FATHER
12. Name Columbus C. Cook
13. Birthplace Maryland

MOTHER
14. Maiden Name Cornelia White
15. Birthplace Maryland

16 (a) Informant Mrs. Martha F. Cook
(b) Address 3917 Yolanda Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City.

18 (a) Funeral director H. B. Ulshafer & Son
(b) Address 1300 Eutaw Place

19 (a) MAR 29 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 8:41 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1942, to Mar. 27 1942, and that I last saw him alive on Mar. 27 1942.

Immediate cause of death: Bilat. Bronchopneumonia — Duration 24 hrs.
Due to Fractured Hip — 3 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 23, 1942 at M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Slipped on rug

23. Signature Howard D. Malden M. D.
Address Mercy Hospital Date signed 3-27-42 M. D.

Registrar Hinchey for Williams, M.D.

VS 3

Howard D. Malden M. D. Pers M. D.

F 90652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Ridgewood Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Ridgewood Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella E. Deaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	6	1		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name John Deaver
13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah J. McClaster
15. Birthplace Ireland

16 (a) Informant Mrs Henry M Stewart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md

18 (a) Funeral director Leonard Coyle
(b) Address 1306 Walford Rd

19 (a) MAR 29 1942 (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to March 27 1942 and that I last saw h.r alive on March 26, 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days
Due to Hypertension
Due to Cerebral arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Lewis M. D.
Address 4290 Parkwood Ave Date signed 3-28-42

F 90653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 90653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2657 Linkwood St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE M. FLAIR Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-573

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
male	white	married	Frances O'Flair	years

7. Birth date of deceased (mo., day, yr.) 11-12-1912

8. AGE: Years	Months	Days	If less than one day
29	4	14	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation clothier
11. Industry or business Retail clothing

FATHER
12. Name Robt O'Flaherty
13. Birthplace Ire

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Frances M. O'Flair
(b) Address 35 Linkwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 30 (day) 42 (year)
(c) Cemetery or crematory Catholic cemetery
Location Balto Md

18 (a) Funeral director Leonard Hirsh
(b) Address 345 Harford Rd

19 (a) MAR 29 1942 Registrar
Mayor's register Huntington Mill, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 26 1942 and that I last saw h alive on 3-26 1942

Immediate cause of death: Uremia coma

Due to: Arteriolosclerotic glomerulonephritis

Due to:

Other Conditions: Uremic pericarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Chronic nephritis.

Duration: 2 days; 4 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Kemp
Address University Hospital Date signed 3-26-42

F 90654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 90654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4837 Park Heights ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank A Massey

3 (b) If veteran, name war: W
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE	Years	Months	Days	If less than one day
	70			hr. min.

9. Birthplace Guyandotte W Va (town, county and state)
10. Usual Occupation Lumber Salesman Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John Taylor
(b) Address Guyandotte W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director W. Sterling Cole
(b) Address 127 E. Pine Huntington West Virginia

19 (a) MAR 30 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26-1942 to 3-27-1942 and that I last saw him alive on 3-27-1942

Immediate cause of death: Hypertensive Heart Disease
Acute Pulmonary Edema
Antecedent Cardiac decompensation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
a
b
c
d
e

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Pearce Glazebrook
Address University Hospital Date signed 3-28-42

VS 2

F 90655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 90655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 N. Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOTTIE GEBRANDY

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 41BE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ John Gebrandy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1857

8. AGE: Years	Months	Days	If less than one day
85	1	9	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Levy Miller
13. Birthplace Pa.

MOTHER
14. Maiden Name Rebecca (Unknown)
15. Birthplace Pa.

16 (a) Informant Mary Porcella
(b) Address 1827 N. Montford Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Gotz
(b) Address 1217 St. Paul St

19 (a) MAR 30 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular	
Due to Senility	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 3-28-42

VS 6

F 90656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

Registered No. F 90656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Anton Bay
(b) Street address Davidson Chemical Co.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Glen Bernie P. O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marley Neck Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm J. Beever

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 215-03-4405

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lillian V. Beever
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1894

8. AGE: Years	Months	Days	If less than one day
48	00	23 17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Davidson Chemical Co.

FATHER
12. Name William J. Beever
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mollie Peregoy
15. Birthplace Balto Md

16 (a) Informant John W. Beever
(b) Address 2013 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Washington Blvd

18 (a) Funeral director William Ott
(b) Address 127 St Paul St

19 (a) (b) Huntington Williams, M.D. Registrar
(Date of registration)

MAR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26- 1942, at 3.15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Myocardial degeneration	
Due to	
Due to	
Other Conditions Pulmonary Edema.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Sheldon M.D.
Medical Examiner.
Date signed 3-27-42

F 90657

F 90657 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 E. 26th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. 26th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A. Hulson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~: John Hulson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21st 1881

8. AGE: Years	Months	Days	If less than one day
61	0	6	hr. min.

9. Birthplace Pottsville Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name Daniel Meara
13. Birthplace Dublin Ireland

MOTHER
14. Maiden Name Mary Jenson
15. Birthplace Pottsville Pa

16 (a) Informant John Hulson
(b) Address 414 E. 26th St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/30/42 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Balto
Location a Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

19 (a) MAR 30 1942 (Date rec'd by registrar) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27th 1942, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9th 1941, to Mar 27th 1942, and that I last saw h[illegible] alive on 3/26th 1942.

Immediate cause of death	Duration
Pulmonary Edema	24 hrs
Due to Chronic Myocarditis	7 Month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Lanker M. D.
Address 119 N. Mullowney Date signed 3/28/42

F 90658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Eutaw Place
(c) Hospital or institution: Clarkhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Rowland

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 20th 1861

8. AGE: Years	Months	Days	If less than one day
80	7	6	hr. min.

9. Birthplace London England
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Glass Blower

FATHER
12. Name (Unknown) Rowland
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Records Dept. of Welfare
(b) Address Balto Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Balto Md.
18 (a) Funeral director W. Kleiser Sons
(b) Address 1217 St. Paul St
19 (a) MAR 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to March 26 1942 and that I last saw her alive on March 25 1942

Immediate cause of death: Gastric Ulcer — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?
23. Signature Cavendish Morgan M. D.
Address 1216 W Fayette Date signed

VS 3

F 90659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90659

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lockwood, Alonzo W

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alberta Lockwood
6 (c) If alive, give age years

7. Birth date of deceased (Mo., day, yr.) Feb 29 1876

8. AGE: Years 66 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace D. C. (Washington)
(Town, county, and state)

10. Usual Occupation Dentist
11. ~~Industry or~~ business Own

FATHER
12. Name Wm H. Lockwood
13. Birthplace Conn.

MOTHER
14. Maiden Name Hannah Feeney
15. Birthplace Pa.

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/31/42 (month) (day) (year)
(c) Cemetery or crematory Oakmont
Location Forest Hill Md

18 (a) Funeral director Watkins & Co
(b) Address 1219 E Fort Ave

19 (a) MAR 30 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1942, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-42 to 3-28 1942 and that I last saw him alive on 3-28 1942

Immediate cause of death: Cardiac Failure — Duration: Suddenly
Due to Erysipelas, left leg and thigh — all for 12 hrs prior to death
Due to Chronic hypertrophy, heart & kidneys
Other Conditions Obesity
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: F.W. Partial Contracture
of autopsy: Acute cardiac dilatation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 3-28-42

VS 3

F 90660 Moscinajewski, F 90660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 S. Dallas St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

34

3 (a) FULL NAME Laura Moscinojewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife ~~Father~~ Stephanie Kopkowski ~~Mother's Maiden Name~~ years

7. Birth date of deceased (mo., day, yr.) about 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business None

FATHER 12. Name John Kopkowski
13. Birthplace Poland

MOTHER 14. Maiden Name Anna ?
15. Birthplace Poland

16 (a) Informant Laura Grippen
(b) Address 503 S. Dallas St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Rosary
Location Dallas Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) MAR 30 1942 (Date rec'd by registrar) Huntington Wilson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1942 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942, to March 28 1942, and that I last saw h~~e~~r alive on March 28 1942

Immediate cause of death Uremia
Antecedent Labor Obstetrical
Due to Hypertension Cardiovascular disease
Due to
Other Conditions Prolapsed uterus
Uterine Fibroid
(Include pregnancy within 3 months of death)
Date of operation March 27, 1942
Major findings of operation: Prolapsed uterus
of autopsy:

Duration: 2 days 2 days ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light Street Date signed 3-28-42

VS 8

F 90661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 90661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 W. 27th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanley B. White

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Virginia White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1st 1859

8. AGE: Years	Months	Days	If less than one day
82	4	27	hr. min.

9. Birthplace Mathews Co. Va. (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER 12. Name Frank M. White
13. Birthplace Va

MOTHER 14. Maiden Name Rebecca Parrott
15. Birthplace Va

16 (a) Informant Allan B. Wood
(b) Address 2801 W. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prospect Hill
Location Towson Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) MAR 30 1942 (Date received by Registrar) Huntington Williams, M.D. Address 1827 N. Calvert St. Date signed 3/30/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28th 1942 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to March 28 1942 and that I last saw h~~i~~m alive on March 28 1942

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Pulmonic Hypostasis	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick L. Olmer M.D.
Address 1827 N. Calvert St. Date signed 3/30/42

VS 3

F 90662

F 90662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-A

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 N. Stockton St (Stockton)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Kenyon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Hicks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	Married

6 (b) Name of husband or wife: Mary M. Hicks
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 20th 1864

8. AGE: Years	Months	Days	If less than one day
78	0	6	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county and state)
10. Usual Occupation Unoccupied
11. Industry or business

FATHER
12. Name Moses Hicks
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Catherine Howard
15. Birthplace Balto Co Md

16 (a) Informant Mary M. Hicks
(b) Address 301 Kenyon Ave Towson Md

17 (a) Burial (b) Date thereof 3-30-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Orbitus Memorial Pk
Location Balto Md

18 (a) Funeral director Belmont Harris H. Knight
(b) Address 721 Cresquith St

19 MAR 30 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 26 1942, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1942 to Mar 27 1942 and that I last saw h alive on Mar 26 1942.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 5 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis A. Jolles M.D.
Address 2329 Stockton St Date signed 3-28 1942.

VS 3

No 9955

F 90663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S. Longwood Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Longwood Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen C. Staubitz

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John M. Staubitz, Jr.

6 (c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): April 14, 1918

8. AGE: Years: 23 | Months: 11 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Secretary

11. Industry or business: Real Estate Office

FATHER
12. Name: William W. Chenoweth Sr.
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Annie K. Kahl
15. Birthplace: Baltimore, Maryland

16 (a) Informant: John M. Staubitz Jr.
(b) Address: 519 S. Longwood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 30, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: City

18 (a) Funeral director: Pratt & Stricker Streets
(b) Address: Pratt & Stricker Streets

19 (a) [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942, at 2.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1941 to March 23 1942, and that I last saw her alive on March 25 1942

Immediate cause of death: Hodgkins Disease — Duration: Sept. 1941

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: George A. Krupp
Address: 3030 Edmondson Ave. Date signed: 3/27/42

VS 3

F 90661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Monroe St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lida E. Jase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin F. Jase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Mr Jefferies
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eliza Lehr
15. Birthplace Balto. Md.

16 (a) Informant Clarence F Jase
(b) Address 311 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave - Balto Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E Oliver St

19 MAR 30 1942 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to March 28 1942 and that I last saw h-- alive on March 28 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days

Due to:

Due to: Cardio-vascular disease — ?

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 7532 W Fayette St Date signed March 29 42

AdCo. 5-31 2500

F 90665

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90665

CERTIFICATE OF DEATH

✓ 92 ?

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Poplar Grove St. 16-7 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Olivia V. Ayers.

(a) Residence: No. 1343 Poplar Grove St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James A. Ayers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bertha Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bertha Ayers
(Address) 1343 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Md Date Mar 30 1942

19. UNDERTAKER Albert W. Peregoy
(Address) 470 N. Gilmor St.

MAR 30 1942

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1941 to Mar 27, 1942

I last saw h.er alive on Mar 27, 1942 death is said to have occurred on the date stated above, at 8.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
History	8 yrs.
Cause doubtful	
Other contributory causes of importance:	
Anemia,	6 mo

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Howard Hoff M. D.

(Address) 2020 N. Charles

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 90666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90666
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 S. Baylis Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Baylis Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Catherine McDonald

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John J. McDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis J. Fox
13. Birthplace Va.

MOTHER
14. Maiden Name Lilly Parsons
15. Birthplace Va

16 (a) Informant John J. McDonald
(b) Address 307 S. Baylis Street

17 (a) Burial (b) Date thereof March 31/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel cem
Location Balto. City Edmondson Ave

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

MAR 30 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from September 1941 to March 25, 1942, and that I last saw her alive on March 25, 1942.

Immediate cause of death	Duration
Carcinoma of left breast	
Due to	
Due to	
Other Conditions Metastases of left lung and chest (Include pregnancy within 3 months of death)	

Date of operation August 1940
Major findings of operation: Carcinoma of left breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Constantine M.D.
Address 234 S. Conkling St Date signed 3-27-42
M. D.

VS 3

F 90667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172-D

F 90667

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 2416 Fait ave (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Srebrowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-0270

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Martha Srebrowski
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 12 1893

8. AGE: Years	Months	Days	If less than one day
48	9	17	___ hr. ___ min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Pipe Mauldey
11. Industry or business W

FATHER
12. Name Jan Srebrowski
13. Birthplace Poland

MOTHER
14. Maiden Name Margaretta Szymczyk
15. Birthplace Poland

16 (a) Informant Mrs Martha Srebrowski
(b) Address 2416 Fait ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto County

18 (a) Funeral director John M Welsh
(b) Address 4812 Chester Street

19 MAR 30 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29, 1942. at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1942 to Mar 29 1942, and that I last saw him alive on Mar. 29 1942.

Immediate cause of death Intestinal Obstruction — Duration
Due to Mesenteric abscess and Abdominal Adhesions
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Same as above.
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Coffman
Address Md. General Hosp. Date signed 3/29/42

VS 3

F 90668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 90668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Linnard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Linnard St. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles William Franta

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Katherine B. (Hoopes) Franta
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 8th 1861

8. AGE: Years	Months	Days	If less than one day
81	2	20	hr. min.

9. Birthplace (City or county) Md. (Town, county, and state) Baltimore, Md.
10. Usual Occupation Grocer
11. Industry or business Retired

FATHER
12. Name Did not know
13. Birthplace " " "

MOTHER
14. Maiden Name " " "
15. Birthplace " " "

16 (a) Informant William P. Franta
(b) Address 700 Linnard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/45 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Jos. Wilson & Son
(b) Address 2503 Edmondson Ave

MAR 30 1945 Washington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1945 at 330 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1941 to Mch 28 1945 I last saw h.i. alive Mch 27 1945

Immediate cause of death
Cerebral Hemorrhage — Duration 1 day
Due to Arterio Sclerosis — 5 yrs
Due to Senility —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Marion M. Straub
Address Mch 28 1945. 806 W. Fayette St.

VS 1

F 90669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 E. Montgomery St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ethel [illegible] Hook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William T
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 27 1896

8. AGE: Years	Months	Days	If less than one day
55	9	1	hr. min.

9. Birthplace Long Branch N.J. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Thomas West
13. Birthplace N. J.

MOTHER
14. Maiden Name Cora Johnson
15. Birthplace N. J.

16 (a) Informant Mr William T Hook
(b) Address 229 E Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Riverside Cemetery
Location Toms River New Jersey

18 (a) Funeral director William M Marlock
(b) Address 715 Light St

MAR 30 1942 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1942 to 3/28 1942 and that I last saw h[illegible] alive on 3/28 1942

Immediate cause of death — Duration

Bilateral broncho-pneumonia — 5 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gee M.D.
Address WBGH Date signed 3/29/42

VS 3

F 90670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 90670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Coldspring Con. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. Coldspring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Metamora Mc Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Greenville D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	7	8		

9. Birthplace Franklin Co. Virginia (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas O. Ingram
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah D. Hatcher
15. Birthplace Virginia

16 (a) Informant H. P. Hommel
(b) Address 1135 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Graham, Va.
Location Orange, Va.

18 (a) Funeral director Leonard D. Covington
(b) Address 1 W. 20th St.

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29 1942 at 6 14/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1942 to 3/29 1942 and that I last saw her alive on 3/28 1942

Immediate cause of death: Bronchopneumonia — Duration: 1 day
Due to: Arteriosclerosis — ?
Due to: Senility — ?
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If deaths were due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Valentine A. Reitz
Address 3408 Windsor Ave Date signed 3/30/42

APR 30 1942

VS 8

F 90671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. F 90671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balth. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1649 Mc. Kean Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Warren Carter

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 28, 1938

8. AGE: Years	Months	Days	If less than one day
4	2	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lester Carter
13. Birthplace Henderson Md.

MOTHER
14. Maiden Name Katherine Puller
15. Birthplace Glorcester, Va.

16 (a) Informant Mrs. Carter
(b) Address 1649 McKean Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

MAR 30 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1942 to 3/28 1942 and that I last saw h[illegible] alive on 3/27 1942

Immediate cause of death	Duration
Bilateral lobar pneumonia	3 days
Due to Acute myocarditis	10 days
Due to Acute rheumatic fever	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Guss M.D.
Address 4 W B 9 Ct Date signed 3/30/42

VS 8

F 90672

BALTIMORE CITY HEALTH DEPARTMENT 1930

CERTIFICATE OF DEATH

F 90672 Registered No.

Type or print clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2708 Parkwood Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2708 Parkwood Aveneu (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilmer H. Garrett

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva M. Garrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 13, 1874

8. AGE: Years 67 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business P. O. Employee

FATHER

12. Name Leinuel Garrett

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Mary Simpson

15. Birthplace Virginia

16 (a) Informant Mrs. Eva M. Garrett

(b) Address 2708 Parkwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS

(b) Address North & Pa. Aves.

(c) Filed (Date) MAR 30 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Mar. 27 1942 and that I last saw him alive on March 26 1942.

Immediate cause of death: Chronic Myocarditis

Due to: Arteriosclerosis.

Due to:

Other Conditions: Auricular Flutter

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Deloatch Spencer M.D.

Address 3603 Edmondson Ave. Date signed 3/30/42

F 90673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 90673

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Ellamont Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Ellamont Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Chapin Firoved

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John S. Firoved
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1855

8. AGE: Years 86 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Oquawka, Ill. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Gustavius Chapin
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Fred C. Firoved
(b) Address 3400 Ellamont Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/30/42 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cem. Denver
Location Denver, Col.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Ayes.

19 MAR 30 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1942 at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1937 to Mar 28 1942 and that I last saw her alive on Mar 28 1942.

	Duration
Immediate cause (a) death: Acute Cardiac Dilatation	2 days
Due to (b) Arteriosclerosis	6 yrs
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. McLarren M. D.
Address 1 E. Pleasant St. Date signed 4-30-42

90674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2148 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2148 Vine St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

30 2

3 (a) FULL NAME Agnes E J Kearney

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm J Kearney
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1889

8. AGE: Years 52 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Patrick J Watkins
13. Birthplace Md

MOTHER
14. Maiden name Margaret McSheffy
15. Birthplace Md

16 (a) Informant Mrs J. Kearney
(b) Address 2148 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

19 MAR 30 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1941 to 3/28 1942 and that I last saw h.. alive on 3/29 1942

Immediate cause of death
Thyrotoxic Cardio-vascular Disease
Due to
Due to
Other Conditions Hypertrophic Arthritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration
11 yrs.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Laughlin M. D.
Address 400 N. Payson St. Date signed 3/30/42

VS 1

F 90675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90675

Please answer questions fully and correctly. Information must be carefully supplied. The accuracy of this certificate is extremely important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 341 Yale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 341 Yale Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-3439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ella T Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1874

8. AGE: Years	Months	Days	If less than one day
68	2	9	hr. min.

9. Birthplace Maryland (town, county and state)
10. Usual Occupation Cash Boy Maker
11. Industry or business

FATHER
12. Name Richard Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Lusby
15. Birthplace Maryland

16 (a) Informant Mrs Ella T Murphy
(b) Address 341 S Yale Ave

17 (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geo F Foley
(b) Address Fulton Ave & Fayette

19 (Date rec'd by registrar) MAR 30 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1942 at 5a.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1942 to 3/28 1942 and that I last saw h.. alive on 3/17 1942

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arterial Hypertension	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alcha H Crawthon M.D.
Address 4209 Frederick Ave Date signed 3/30/42

VS 3

F 90676

F 90676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 174 Dolphin
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 174 Dolphin (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Clarence Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, year) June 1874

8. AGE: Years 67 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Annie Nolen
(b) Address 174 Dolphin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Mar 31 1942 (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/27/42 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26/42 to 3/27/42 and that I last saw h alive on 3/27/42

Immediate cause of death (a) Chronic Nephritis Duration 1 year
Due to (b) Arteriosclerosis
Due to (c)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Steen M. D.
Address 824 Mad Ave Date signed 3/28/42

VS 3

F 90677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 of F 90677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 North Washington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Bowman

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1878

8. AGE: Years	Months	Days	If less than one day
63	3	8	hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Civil Engr

11. Industry or business

FATHER
12. Name Wm F. Bowman
13. Birthplace S.C.

MOTHER
14. Maiden Name Susan Morrison
15. Birthplace D.C.

16 (a) Informant Mr. W.F. King
(b) Address 203 - 8½ N.H.E.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-42 (month) (day) (year)
(c) Cemetery or crematory Wash. D.C.
Location

18 (a) Funeral director J. William Lee Long
(b) Address 30 - 4½ St. N.E.

19 MAR 30 1942 (b) Huntington Williams M.D. Registrar
MAR 30 1942
VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1942, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddocks M.D. Medical Examiner
Date signed 3-30-47

F 90678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42 F 90678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Callett St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Elizabeth Thornton Robinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~

6 (b) Name of husband or wife Frank
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-17-1890

8. AGE — Years 52 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Jeremiah Johnson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Helen Reynolds
15. Birthplace Balto Md

16 (a) Informant Eleanor Johnson
(b) Address 641 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Charles H. Burkett
(b) Address 578 Lanvale St

19 (Registrar's signature) MAR 30 1942 (Registrar's address) Thurlington, Hillsboro, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28 1942 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942 to Mar. 28 1942 and that I last saw h[illegible] alive on Mar. 28 1942

Immediate cause of death Uremia — Duration 2 weeks

Due to Hypertension Cerebral Hemorrhage Renal

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rackliffe M. D.
Address Provident Hosp. Date signed 3/28/42

F 90679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 90679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 630 Montgomery St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Olena Bibbens

3 (b) If veteran, name war

5 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1920

8. AGE: Years 21 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md (town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name William Bibbens
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Elizabeth Homes
15. Birthplace Balto, Md

16 (a) Informant Elizabeth Bibbens
(b) Address 630 Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Huntington Williams MD

MAR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1942 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1942 to Mar 27 1942 and that I last saw him alive on Mar 27 1942

Immediate cause of death: Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lloyd Gayle M.D.
Address 6 W S Howard Date signed 3/30/42

VS 1

F 90680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 90680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1326 Mc Culloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town (If outside city or town limits write RURAL and name town)
(d) Street No. 1326 Mc Culloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Anderson

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 25 1895

8. AGE: Years 46 | Months 10 | Days 7 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William Joseph

13. Birthplace St Marys Co. Md

MOTHER 14. Maiden Name Elnora

15. Birthplace St Marys Co. Md

16 (a) Informant Samuel Anderson

(b) Address 1326 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)

(c) Cemetery or crematory St Peters Cem

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St.

MAR 30 1942 (Date received by Registrar)

19 (a) Physician Huntington Williams M.D.

(b) Address Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 3:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W G Pickrell M.D.
Medical Examiner

Date signed 3/27/42

VS 6

F 90681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a

F 90681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy.

3 (a) FULL NAME GIUSEPPE FONTE

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband~~ or wife Domenica Fonte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25 1874

8. AGE: Years 67 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Cefalu Italy (Town, county, and state)
10. Usual Occupation Fruit dealer
11. Industry or business

FATHER
12. Name Carmelo Fonte
13. Birthplace Italy

MOTHER
14. Maiden Name Salvatora Restivo
15. Birthplace Italy

16 (a) Informant Domenica Fonte (Wife)
(b) Address 614 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd. Bal. Md.

18 (a) Funeral director Powell Fallon Hare
(b) Address 52 N. Morley St.

19 (a) [illegible] Registrar Huntington Williams, M.D. Registrar

MAR 31 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1942 to 3-27 1942 and that I last saw him alive on 3-27 1942

Immediate cause of death Hemaplegia
Duration 3 days

Due to Hemorrhage.
Duration 3 days.

Due to Hypertension.
Duration one year

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed. Emanuel & Co. M. D.
Address Medical Arts Bldg. Date signed

F 90682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 90682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Wellington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
CHARLES WILLIAM HERSHEY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alice Adison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3. 1893

8. AGE: Years 48 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business U. S. Marine Hospital

FATHER
12. Name James Hershey
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Anne Bruer
15. Birthplace Baltimore County, Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30-1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Baltimore Md.

18 (a) Funeral director Horace P. Burgee
(b) Address 3631 Falls Road

19 (a) (b) Huntington Williams M.D. Registrar

MAR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1942 at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to March 27, 1942, and that I last saw him alive on March 27, 1942.

Immediate cause of death: Hemopericardium — Duration: 1 day

Due to: Rupture of dissecting aneurysm of aorta — 1 day

Due to: Arteriosclerosis — ?

Other Conditions: Cerebral infarction, right — 3 mo.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address US Marine Hospital Baltimore, Maryland Date signed 3/27/42

F 90683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Mt. Royal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Cadogan (Margaret Mary Cadogan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 - 1870

8. AGE: Years	Months	Days	If less than one day
71	3	20	hr. min.

9. Birthplace Kansas, Levingworth, Kansas (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Cadogan
13. Birthplace Ireland (Ireland)

MOTHER
14. Maiden Name Maria Byrne
15. Birthplace Ireland

16 (a) Informant Miss Mary Catherine Cadogan
(b) Address 1515 Mt. Royal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Maryland

18 (c) Funeral director H C Mears & Son
(b) Address 1517 North Calvert Street

19 (Date rec'd by registrar) (b) Huntington Williams Md

MAR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28 1942, at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/42 19 to 3/28 1942, and that I last saw h[er] alive on 3/28 19

Immediate cause of death: Bronchopneumonia

Due to

Due to Arteriosclerosis

Other Conditions Cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: None

Duration: 7 days; 2 mos

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Barnett
Address Mercy Hosp Date signed 3/29/42 M.D.

VS 8

F 90684 — HEALTH DEPARTMENT—CITY OF BALTIMORE — F 90684

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby boy Bleinberger If U. S. Veteran (Civil, Spanish, World War) (Birth F- 46317)

(a) Residence: No. 919 N. Carey St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 1942

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or 44 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Bleinberger

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Marie Clarke

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie Bleinberger (Address) 919 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date MAR 30 1942.

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. MAR 30 1942 Hunting & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 30 1942 to March 30 1942

I last saw h[illegible] alive on March 30 1942 Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Respiratory Failure	3/30/42
Other contributory causes of importance: Prematurity	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19__

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Leonard Yaffe, M. D.

(Address) Volunteers Hospital

V6 8

8064

F 90685

MA 15849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 90685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 Arlington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Lizzie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1869

8. AGE: Years	Months	Days	If less than one day
72	9	0	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert
13. Birthplace Virginia

MOTHER
14. Maiden Name Aneala Thomas
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address For H. A. Moore.

19 (a) MAR 30 1942 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-13 1942 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1942 to 3-13 1942 and that I last saw h[illegible] alive on 3-13 1942

Immediate cause of death: Bronchopneumonia — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto City Hosp Date signed 3-22-42

VS 3

8065

F 90686

MA 57756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 90686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 550 Moore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Colored	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1884

8. AGE: Years	Months	Days	If less than one day
57	9	4	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Nancy Williams
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 30 1942
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address Thurston for Williams M.D.

19 MAR 30 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1942, at 8 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1941, to 3-11 1942, and that I last saw her alive on 3-11 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to Gen'l. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabinowitz M. D.
Address Balto. City Hosp. Date signed 3-25-42

VS 3

8066

F 90687

SS 12602 BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 55-E

Registered No. F 90687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Potter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882?

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 30 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAR 30 1942 (Filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20 1942 at 10⁴⁰ M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1942 to 3-20 1942, and that I last saw him alive on 3-20 1942.

Immediate cause of death Carcinomatosis

Due to Primary site unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 3-25-42

VS 2

8067

F 90688

Sp 15846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Harlem Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1858

8. AGE: Years	Months	Days	If less than one day
83	7	19	hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unknown

FATHER
12. Name Henry
13. Birthplace ?

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Maryland

16 (a) Informant B. C. H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAR 30 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 MAR 30 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1942 at 6 65 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1936 to 3-17 1942 and that I last saw him alive on 3-17 1942.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Benign Prostatic Hypertrophy — years
Due to Arteriosclerotic C.V. Disease — years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald R. Slett M. D.
Address Balto City Hosp Date signed 3-23-42

VS 3

8068

F 90689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 Registered No.

F 90689

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3425 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3425 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Brown.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Grace Brown.
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1871

8. AGE: Years	Months	Days	If less than one day
70	6	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Wm. Brown.
13. Birthplace Indiana.

MOTHER
14. Maiden Name Mary Burton
15. Birthplace Md.

16 (a) Informant Grace Brown
(b) Address 3425 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Morland Park
Location Taylor Ave

18 (a) Funeral director Mahoney & Donovan
(b) Address 3615-17 Huntington Ave, Md.

19 (a) Filed MAR 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1942 to Mar 28 1942 and that I last saw him alive on Mar 28 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	Indefy
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Dudley Lovell M. D.
Address 858 W 36 St Date signed Mar 30, 1942

VS 8

F 90690 Fr. Patterman - 2324 Pentwater Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 90690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place.
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 829 W 35th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie P. Plaine.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife: Levi Plaine.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1864

8. AGE: Years 77 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Edward Walker.
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy Nelson
15. Birthplace Md.

16 (a) Informant Fannie Meyers.
(b) Address 829 W 35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lorraine
Location

18 (a) Funeral director Cheswarth & Donovan
(b) Address 3615-17 Edmondson Ave

19 MAR 30 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17 1942, to 3/29 1942, and that I last saw h alive on 3/28 1942.

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterman M. D.
Address 2324 Pentwater Rd Date signed 3/29/42

VS 1

90691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 90691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3515 Ash St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3515 Ash St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Cirri. Sr.

3 (b) If veteran, name war: — 3 (c) Social Security Account No. —

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife: Mary Cirri.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1863

8. AGE: Years 58 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Italy.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business Shoe maker.

FATHER
12. Name Joseph Cirri.
13. Birthplace Italy.

MOTHER
14. Maiden Name Maria Filippone.
15. Birthplace Italy

16 (a) Informant Joseph Cirri. Jr.
(b) Address 3515 Ash St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bel Air Road.

18 (a) Funeral director Ohnsorge & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) MAR 30 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1942 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1941 to Mar 28 1942, and that I last saw h[illegible] alive on March 1942.

Immediate cause of death: Carcinoma of Stomach. with metastasis to liver — Duration 1yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Oct 2, 1941
Major findings of operation: Carcinoma - Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Strando M. D.
Address [illegible] Date signed 3-30-42

VS 1

F 90692 ✓ F 90692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1235 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Alice Elizabeth Hart.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1930

8. AGE: Years 11 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Harley N. Hart

13. Birthplace Atlantic City N. J.

MOTHER 14. Maiden Name Gertrude Bowler

15. Birthplace Camden N. J.

16 (a) Informant Gertrude Hart

(b) Address 1235 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Caroline St.

19 (a) (b) Huntington Williams M.D.

MAR 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 1941 to March 27 1942 and that I last saw h[illegible] alive on March 25 1942.

Immediate cause of death

(a) Brain Tumor

Due to

(b)

Due to

(c)

Other Conditions Marked Emaciation due to malnutrition to long ext.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Operation Feb 16 1942 Aug 9 41

Of autopsy none

Duration Aug. 1941 over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph L. Young M. D.

Address 1429 E. Monument St Date signed 3/28/42

F 90693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3529 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(Street No.) 3529 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reuben McClellan Gorsuch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie M. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6-1863

8. AGE: Years 79 | Months — | Days 24 | If less than one day hr. min.

9. Birthplace Carroll County Md
(Town, county, and state)

10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name William Henry Gorsuch
13. Birthplace Carroll County Md

MOTHER
14. Maiden Name Mary Jane Poole
15. Birthplace Carroll County Md

16 (a) Informant Nellie Mary Campbell
(b) Address 3529 Falls Road

17 (a) Burial (b) Date thereof March 31-4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md

18 (a) Funeral director G. S. Marshall
(b) Address 3539 Falls Road

19 MAR 30 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1941 to Mar 28 1942 and that I last saw him alive on March 28 1942.

	Duration
Immediate cause of death Coronary occlusion	24 hrs
Due to arteriosclerosis	1 yr.
Due to age	
Other Conditions albuminuria	1 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thurgan A. Ward M. D.
Address 2601 Manhattan Av. Date signed 3/29/42

F 90694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P

F 90694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 N. Montford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Martin Loos.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9616

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Antonia Loos.
6 (c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Sept 2-1876
8. AGE: Years 65 Months 6 Days 26 If less than one day hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Hardwood Jeweler
11. Industry or business:

FATHER
12. Name: Louis Loos.
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Hannah Kreiss
15. Birthplace: Baltimore

16 (a) Informant: Antonia Loos
(b) Address: 1724 N Montford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/31/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md
18 (a) Funeral director: John U Lynch
(b) Address: 1600 E Baltimore St
19 MAR 30 1942 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1942, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to March 28 1942, and that I last saw him alive on March 27 1942.

Immediate cause of death: Carcinomatosis — Duration: 6 mos.
Due to: Adeno Carcinoma Prostate + Bladder — 1½ years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: May 1941
Major findings of operation: Carcinoma Bladder Prostate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Lawrence L. Kirwan M.D.
Address: 915 Garden Ave. Date signed: 3/30/42

VS 1

F 90695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-aF 90695 Registered No.

RC

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern aVenue
(c) Hospital or [illegible] BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 424 N. Curley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Heise

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1862

8. AGE: Years	Months	Days	If less than one day
79	7	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Albert Heise
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Cornelius
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director John Uflud
(b) Address 2006 Gatewood Huntington Williamsport

19 (a) [illegible] (b)

MAR 30 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1942, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942, to 3-29 1942, and that I last saw him alive on 3-29 1942.

Immediate cause of death Head injury — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident fell.
(b) Date of occurrence 3-27-42 3-29-42 Balto. M
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature H. L. Snyder M. D.
Address B C H Date signed 3-29-42

Howard L. Malkus, M.D.

90696 Roberts F 90696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

Registered No. 98835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Agnes Hospital
(b) Street address Caton & Wilkens ave
(c) Hospital or institution: St agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Bay Side Beach Anne Arundel Co (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Helen Marie Roberts

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife John Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/92

8. AGE: Years	Months	Days	If less than one day
50	1	6	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Retired Resident Nurse
11. Industry or business Dr. John Foote

FATHER
12. Name Furman R Blair
13. Birthplace Balto md

MOTHER
14. Maiden Name Sophia Rayne
15. Birthplace Balto md

16 (a) Informant Jeanne Roberts
(b) Address Bay Side, Beach Anne Arundel Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory New cathedral
Location Balto md

18 (a) Funeral director H. S Brenning & Son
(b) Address 2924 Edmondson ave

19 (Date rec'd by Reg.) MAR 30 1942 (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 10:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to March 28 1942, and that I last saw h[illegible] alive on March 28 19 42.

Immediate cause of death Carcinoma of Cervix
c Generalized metastasis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy Generalized Carcinoma from cervix

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Mears M. D.
Address St. Agnes Hosp. Date signed 3/29/42

V8 1

Bartee

90697

BALTIMORE CITY HEALTH DEPARTMENT 13-B

CERTIFICATE OF DEATH

Reg. No. 90697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 Marshall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Marshall. (If rural give location)
(f) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thomas Bartee

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. S.
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4-1937

8. AGE: Years 4 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank R. Bartee
13. Birthplace Kentucky

MOTHER
14. Maiden Name Irma A Dempsey
15. Birthplace Michigan

16 (a) Informant Frank R. Bartee
(b) Address 1125 Marshall.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)
(c) Cemetery or crematory
Location Whitehouse, Ohio

18 (a) Funeral director J. Fern McCully
(b) Address 130 E Fort Ave

19 (a) (b) Huntington Wits

MAR 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1942, to 3-30 1942, and that I last saw him alive on 3-30 1942.

Immediate cause of death Miliary Tuberculosis — Duration 3 mo.
Due to one
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. J. Lollod M. D.
Address 707 E. Fort Ave. Date signed 3-30-42

F 90698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

F 90698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4510 N George Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4510 N George Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha N Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rev. E Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Holliday
13. Birthplace Md

MOTHER 14. Maiden Name Eugenia Holliday
15. Birthplace Md.

16 (a) Informant Rev E. Anderson.
(b) Address 4510 N George Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Md.

18 (a) Funeral director Archibald A Geddis
(b) Address 211 W Mt Royal Ave

19 MAR 31 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1942 at 7 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1942 to Mar. 26 1942 and that I last saw h alive on March 26, 1942.

Immediate cause of death — Duration

Diabetes Mellitus — 7

Due to

Due to

Other Conditions Mural Pneumonia Rt Lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Adams M.D.
Address 312 E 23rd St. Date signed 3-30-42

VS 8

F 90699 F 90699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-6

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 Ensor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Ensor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Joseph O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Alice Russell O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1890

8. AGE: Years	Months	Days	If less than one day
51	4	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Operator-Gas Station
11. Industry or business Retired

FATHER
12. Name John DeP O'Neill
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ann Bannon
15. Birthplace Baltimore

16 (a) Informant Miss O'Neill
(b) Address 801 Corsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Date received by Registrar 3-31-1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28-1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28-1929 to 3-28-1942 and that I last saw alive on 3-28-1942.

Immediate cause of death	Duration
Chr. Myo-endo-carditis	Unknown
Due to Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bro. B. Sybert M. D.
Address 2802 Harford Rd Date signed 3-30-42

F 90700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 C Registered No.

F 90700

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4923 Alhambra Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4923 Alhambra Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2-10

3 (a) FULL NAME Mary Patricia Dolan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1934

8. AGE: Years	Months	Days	If less than one day
7	9	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Dolan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary V Welch
15. Birthplace Baltimore

16 (a) Informant Mrs. Dolan
(b) Address 4923 Alhambra Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave.

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

MAR 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1942 to March 29 1942 and that I last saw h[illegible] alive on March 28 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	5 hrs.
Due to Bronchial Pneumonia	4 days
Due to	
Other Conditions, Hyaline Membranosis	Congenital

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J Mills M.D.
Address 532 E 22nd St Date signed 3/30/42

acct Room

F 90701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90701 Registered No. 94

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 N Durham (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Benda

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

MOTHER / FATHER
12. Name Unk
13. Birthplace Unk
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 847 St. Paul St

19 (a) MAR 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 30 1942, at 2.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 30 1942 to MAR 30 1942 and that I last saw her alive on MAR 30 1942.

Immediate cause of death: Myocardial failure — Duration: Instant

Due to: Arteriosclerosis of the coronary arteries

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Arthur Ward Date signed 3/30/42 M. D.

VS 3

F 90792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 90702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Yewell

3 (b) If veteran, name war NO
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~Joseph~~ James T. Yewell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25th 1878

8. AGE: Years 63 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Richmond Va
(City, county, and state)

10. Usual Occupation Housekeeper
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant James T. Yewell
(b) Address 1904 N. Chester St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mowland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 700 St Paul St Huntington Williams, W.Va.

19 MAR 31 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1942 to 3-28- 1942 and that I last saw her alive on 3-26- 1942.

Immediate cause of death: Aortic regurgitation. — Duration: 6 Mos.

Due to: Chronic Nephritis. — Duration: 6 Mos.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen G. Kingsbury M. D.
Address 613 E. North Ave Date signed 3-30-42

VS 3

F 90703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90703 Registered No. 94

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME HENRY HOM

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M
5. Color or race: Chinese
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of ~~husband or~~ wife: Emma Eckert Hom
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 2nd 1883
8. AGE: Years 58 | Months 7 | Days 7 | If less than one day: hr. min.
9. Birthplace: China (Town, county, and state)
10. Usual Occupation: Clerk
11. Industry or business: Groceries

FATHER
12. Name: Kin Kaown Hom
13. Birthplace: China

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Emma E. Hom
(b) Address: 2403 Barclay St.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof: 3/31/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Lorraine
Location: Balto Co Md.

18 (a) Funeral director: William Cook
(b) Address: 1367 W. St. Paul St

19 (a) MAR 31 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942, at 2:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wollamsheim M.D.
Medical Examiner.
Date signed 3-28-42

VS 6

F 90704

F 90704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3921 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha E. Mosher

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Lewis D. Mosher
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 28 1859

8. AGE: Years	Months	Days	If less than one day
82	3	1	hr. min.

9. Birthplace Muncy Penna. (town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Jasper Shoemaker
13. Birthplace Penna

MOTHER
14. Maiden Name Sarah Dorcoth
15. Birthplace Penna

16 (a) Informant Helen Hughes
(b) Address 3921 Greenmount Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 4267 St. Paul St

19 (a) MAR 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29- 1942, at 1.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Chronic Myocardial Degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 3-30-42

VS 6

F 90705 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-D F 90705

1. PLACE OF DEATH 353 Rosebank Ave

CITY OF BALTIMORE: (No. ____ St. Gwynn Oak 12) Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Theodore J Robinson, If U.S. Veteran (write WAR)

(a) Residence: No. 506 Dunkirk Road St., Baltimore Ward 24 County 5 219-03-2180

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Henrietta Robinson

6. DATE OF BIRTH (month, day, year) June 29th 1867

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
74	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mary A. Kirk Co

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Theodore Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie Conner

(Address) 506 Dunkirk Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Apr. 1st 1947

19. UNDERTAKER William Cook

(Address) 1207 E Baltimore St

20. FILED MAR 31 1947 19 ____

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1947

22. I HEREBY CERTIFY, That I attended deceased from January 3rd 1947 to March 29 1947

I last saw him alive on March 25 1947 Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	March 29
Other contributory causes of importance	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Edwd Robertson M. D.

(Address) 6100 York Road Balto Md.

Instructions: Fill in all items. Use ink or typewriter. See instructions on back of certificate.

F 90706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 90706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 E. Hoffman St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Goutos

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Calliope Goutos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1888

8. AGE: Years 54 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name William Goutos
13. Birthplace Greece

MOTHER
14. Maiden Name Pankia Antikopoulos
15. Birthplace Greece

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director
(b) Address

MAR 31 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26/42 19 . at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/42 to 3/26/42, and that I last saw him alive on 3/26/42.

Immediate cause of death: Uremia — Duration 4 da.
Due to: Hypertensive C.V. Dis
Due to: Nephrosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Lineaweaver, M.D.
Address Church Home & Inf. Date signed 3/31/42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90707 90707

CERTIFICATE OF DEATH 213-01-8542

58-P

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 808 S. Kenwood Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eddie - Frank-Rosk (Rózga)

If U. S. Veteran specify WAR

(a) Residence: No. 808 S. Kenwood Ave. St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/11/1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Antonina Gajkowski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Andrew Rosk-Rozga
(Address) 808 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date April 1 19 42

19. UNDERTAKER John J. Duda
(Address) 2829 Hudson St.

20. FILED 19 Huntington Williams, M.D.
Registrar.

VS 8 MAR 31 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1941 to March 28, 1942

I last saw him alive on March 28, 1942 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pneumocarditis	
Subacute Bacterial Endocarditis	12-15-41
(Staphylococcus Viridans)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Bl. Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eschenasy M. D.

(Address) 842 S. Ann Ave.

F 90708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90708 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

4-3

3 (a) FULL NAME PRISCILLA J. NICHOLAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1863

8. AGE: Years	Months	Days	If less than one day
78	10	18	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Harvey
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla Carter
15. Birthplace Md.

16 (a) Informant Miss Adelaide Harvey
(b) Address 2224 Druid Hill Ave.

17 (a) Burial (b) Date thereof 4-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 MAR 31 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, '42 19 at 11:10

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1941 to Mch 28 1942 and that I last saw him alive on Mch 28 1942

Immediate cause of death

Cardio Vascular Renal Disease

Duration 7 ,

Due to

Due to

Other Conditions Contributory

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S B Humphreys M.D.

Address 2413 Druid Hill Ave Date signed Mch 30/42

VS 2

F 90709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 90709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 S. Montford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Montford Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ADAM STACHAROWSKI

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-09-6538

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Veronica

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 21, 1890

8. AGE: Years	Months	Days	If less than one day
51	7	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Sugar Refinery

FATHER
12. Name Joseph Stacharowski
13. Birthplace Poland

MOTHER
14. Maiden Name Michalina Pilachowska
15. Birthplace Poland

16 (a) Informant Mrs. Veronica Stacharowski
(b) Address 520 S. Montford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave

MAR 31 1942 (b) Huntington Hall, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1941 to March 29 1942, and that I last saw him alive on March 29 1942.

Immediate cause of death	Duration
Gastric Ulcer.	1-28-41
Perforation of Gastric ulcer &	
Due to acute purulent peritonitis & hemorrhage	3-28-42.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None.

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Schumacher M.D.
Address 842 S. Ext Ave Date signed 3-30-42

VS 2

10 R. 2 Ln. F 90710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 69

F 90710
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2438 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2438 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

12

3 (a) FULL NAME GRACE E. MAYER.

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, ~~or divorced~~
F.	W.	

6 (b) Name of husband ~~or wife~~ Alfred H. H. Mayer 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75				

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Charles Colladay
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown - Nicodemus
15. Birthplace Unknown

16 (a) Informant Mrs. Roland Loudenslager
(b) Address 2438 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Baltimore, Md.

18 (a) Funeral director W. J. Ecker & Sons.
(b) ~~Hunting~~ Williams, Funeral Director

19 MAR 31 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 2:~~P~~M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to 3/29 1942, and that I last saw h~~er~~ alive on 3/28 1942.

Immediate cause of death	Duration
Pellagra	10 weeks
Due to Malnutrition	8 mo.
Due to Colitis	7 yrs.
Other Conditions Cholecystitis	10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Stone M. D.
Address 3703 Gwynn Oak Ave Date signed 3/31/42

VS 8

F 90711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90711

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2013 Dukeland St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2013 Dukeland St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

5 5

3 (a) FULL NAME Albert Clifton Miner

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flora M. Miner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1886

8. AGE: Years	Months	Days	If less than one day
56	1	25	hr. min.

9. Birthplace Saratoga, N. Y.
(Town, county, and state)

10. Usual Occupation Ship Carpenter

11. Industry or business Gen'l Ship Repair Co.

FATHER

12. Name John Henry Miner

13. Birthplace N. Y.

MOTHER

14. Maiden Name Fannie Anderson

15. Birthplace Md. Dukeland St.

16 (a) Informant Mrs. Albert C. Miner

(b) Address 2013 Dukeland St.

17 (a) Burial (b) Date thereof 3/31/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS

(b) Address North & Pa. Aves.

19 (a) MAR 31 1942 (b)
(Date received by registrar) Huntington Hillmann, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 19 42, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 19 41 to Dec 30 19 41 and that I last saw him alive on Dec 30 19 41.

	Duration
Immediate cause of death: Coronary occlusion	Immediate
Due to: Arteriosclerosis	3 mo
Due to: Hypertension	3 mo
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Irvin Stanley M. D.

Address 3003 Garrison Blvd Date signed 3-30-42

F 90712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1186-a F 90712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Boulder Lane + Sunset Path
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Boulder Lane + Sunset Path
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, what country

3 (a) FULL NAME Sarah Harriet Broughton Rodshell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Francis J. H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23 1849

8. AGE: Years	Months	Days	If less than one day
93		5	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Broughton
13. Birthplace

MOTHER
14. Maiden Name Anne Eliza Green
15. Birthplace

16 (a) Informant Mr. W. W. Cloyd
(b) Address Boulder Lane + Sunset Path

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Mausoleum
Location

18 (a) Funeral director Wm. J. Tickner + Sons
(b) Address North Avenue, Ave.

19 MAR 31 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) of (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Intracranial Injury	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/1/42
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/28/42 at 7:30 P.M.
(c) Where did injury occur? Boulder Lane + Sunset Path (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down cellar steps

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 3/29/42

VS 6

411660
F 90713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 90713
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N BOND (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gussie Ellis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	MARRIED

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-02

8. AGE: Years	Months	Days	If less than one day
39	5	7	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ALEXANDER FULLER
13. Birthplace N.C.

MOTHER
14. Maiden Name EMMA DAVIS
15. Birthplace N.C.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Apr 1, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Belt Ave

19 (a) MAR 31 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 28 1942 at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to MAR 28 1942, and that I last saw her alive on MAR. 28 1942.

Immediate cause of death	Duration
Uraemia	
Due to Hypertension	
Cardio-vascular disease	
Due to Nephritis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John S. Hunt
Address Johns Hopkins Hosp Date signed 3-29 M. D.

F 90714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

F 90714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Eaton Monmonier

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-10-0495

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Julia Knight Monmonier 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1903

8. AGE: Years	Months	Days	If less than one day
38	6	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Ships Titler
11. Industry or business Bldg. Steel Emp.

FATHER
12. Name Hr. J. Carroll Monmonier
13. Birthplace Md.

MOTHER
14. Maiden Name Helen F. Burr
15. Birthplace Pa.

16 (a) Informant Hr. J. Carroll Monmonier
(b) Address 714 Frederick Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Leitzke
Address 410 E. Monument Ave.

19 (d) MAR 31 1942 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 42, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 19 42, to Mar. 29 19 42, and that I last saw him alive on Mar. 29 19 42.

Immediate cause of death: Meningitis (Pneumococcus) — Duration
Due to Lobar Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Bechtler
Address Bon Secours Date signed 4/9/42

VS 1

F 90715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A

Registered No. F 90715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 539 S Monroe.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 539 S. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widowed

6 (b) Name of husband or wife Elizabeth Good
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1864

8. AGE: Years	Months	Days	If less than one day
77	11	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Bartlett & Hayward

FATHER
12. Name Geo King
13. Birthplace Maryland.

MOTHER
14. Maiden Name Rachel Randal
15. Birthplace Maryland

16 (a) Informant William A King
(b) Address 539 S Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick ave

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson ave

MAR 31 1942 (b) Registrar
(Date received by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 1230 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to March 28 1942 and that I last saw him alive on March 27 1942.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kermond M. D.
Address 834 Wilkens av Date signed 3/30/42

VS 3

F 90716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1659 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Fisher John A. Fischer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-0926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18 1886

8. AGE: Years	Months	Days	If less than one day
56	2	12	hr. min.

9. Birthplace Balto (Town, county and state)

10. Usual Occupation Ink Mixer

11. Industry or business Simpson & Bartlett Co

FATHER 12. Name Conrad Stracker

FATHER 13. Birthplace Balto.

MOTHER 14. Maiden Name Virginia ?

MOTHER 15. Birthplace Balto

16 (a) Informant Margaret McNamara

(b) Address 1659 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 1 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Martin F. E. Dippel

(b) Address 37 S. Amer St

19 (a) MAR 31 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30- 1942, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moldaver M.D. Medical Examiner.
Date signed 3-30-42

VS 4

F 90717 Rasvolsky

BALTIMORE CITY HEALTH DEPARTMENT 83-D

CERTIFICATE OF DEATH

F 90717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring. Belvidere
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 12 years

3 (a) FULL NAME Hyman Rosvolsky

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Sheta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Son Jewelled
(b) Address Greenspring. Belvidere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale Park Rd & Hamilton Ave
Location

18 (a) Funeral director Jack Lewis Son
(b) Address 1437 E. Balto St

MAR 31 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1932 to 3-29 1942, and that I last saw him alive on 3-29 1942.

Immediate cause of death	Duration
Cerebral Hemiplegia.	
Arteriosclerosis, Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Levindale Date signed 3/31/42.

VS 3

F 39718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

F 39718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 Lakeview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Lakeview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIE HURWITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Shiaa Hurwitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Roumania
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Musa -
13. Birthplace Roumania

MOTHER
14. Maiden Name
15. Birthplace Roumania

16 (a) Informant Herman Hurwitz
(b) Address 2419 Lakeview Ave

17 (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Jack Levin
(b) Address 1439 E. Baltimore St

19 MAR 31 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-42 19 at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to March 30 1942, and that I last saw h alive on March 30 1942

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4813 Reisterstown Rd Date signed March 30/42

F 90719

413475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90719

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Sanford Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Webster (Mary Agnes Webster)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Webster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/92

8. AGE: Years 49 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name William Summerville
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Butler
15. Birthplace Pa.

16 (a) Informant Mrs. Agnes Webster
(b) Address 509 Sanford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Jas. Geo. H. Holland
(b) Address Special Delivery
Washington Boulevard, Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAR 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942 at 12:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1942 to March 30 1942 and that I last saw her alive on March 30 1942

Immediate cause of death Heart failure — Duration 4 days

Due to ? coronary occlusion — ?7 days

Due to Generalized arteriosclerosis

Other Conditions Diabetes mellitus — 5 yrs.
Diabetic gangrene L. foot
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. C. Dunlop Jr. M.D.
Address Johns Hopkins Hospital Date signed 3/31/42

VS 1

F 90720

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90720

CERTIFICATE OF DEATH

✓930

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1430 McCulloh St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Virginia Smith

If U.S. Veteran specify WAR

(a) Residence: No. 1430 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry

6. DATE OF BIRTH (month, day, year) May 30, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME James Hall

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Charles W. Smith
(Address) 1430 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/31/42

19. UNDERTAKER Wm. Chas. H. Holland
(Address) 1631 Druid Hill Ave.

MAR 31 1942 19 Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 42

22. I HEREBY CERTIFY, That I attended deceased from April 2 19 42 that saw h[illegible] alive on March 27 19 42 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Senility	9 yrs
Other contributory causes of importance: Cardiac Dilatation	7 mos

Was an operation performed? NO Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

(Signed) D. E. Hughes M. D.

(Address) 1413 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should write plainly, so that it may be properly classified. Exact statement of

F 90721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90721 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRIETTA SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1891

8. AGE: Years	Months	Days	If less than one day
50	8	18	hr. min.

9. Birthplace Westmoreland Co., Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Scott.
13. Birthplace Westmoreland Co., Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Catherine Artson
(b) Address 1363 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. W. Stollard
(b) Address 1631 Druid Hill Ave.

MAR 31 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Leo

(Include pregnancy within 3 months of death)

Major findings:
Of operations Leo
Of autopsy Leo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D.
(Medical Examiner.)
Date signed 3-27-42

F 90722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90722 Registered No. 454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Carlin St.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1901 31st Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Goedeke

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife 7-20-1871
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70	8	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frank Goedeke
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Maly
15. Birthplace Germany

16 (a) Informant Mrs Ursula Mellinger
(b) Address 1901 E 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Glen Burnie

18 (a) Funeral director Leonard J Rauch
(b) Address 5305 Harford Road

19 (a) MAR 31 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/ 1942 at 6 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17/ 1941 to 3/29/ 1942, and that I last saw h alive on 3/29/ 1942

Immediate cause of death: Undernutrition — Duration: 4 months

Due to: Carcinoma pharynx — Duration: 8 months

Due to — Duration: 12 days

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Jr. M. D.
Address 1 E. Joppa Rd Date signed 3/29/42

VS 3

F 9072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-aF 90723

1. PLACE OF DEATH (MASONVILLE)

CITY OF BALTIMORE: (No.) 3301 MATSON St. 25-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME GRAHAM HARMAN

(a) Residence: No. 3301 MATSON St., Ward. S-8-H 218-09-3066

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ANNA HARMAN.

6. DATE OF BIRTH (month, day, year) OCT. 16th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WATCHMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DUPONT Co.

10. Date deceased last worked at this occupation (month and year) 4/41

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME CHARLES HARMAN

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ANGENETTE CHANEY

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT MRS ANNA HARMAN.

(Address) 3301 MATSON ST.

18. BURIAL, CREMATION, OR REMOVAL

Place CEDAR HILL Date 4-1st 1942

19. UNDERTAKER Bernard E Hoelle

(Address) 121 E West St

20. FILED APR 31 1942 Huntington Milwaukee 3/30/42

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1942 to Mar. 29 1942

I last saw him alive on Mar. 28 1942 Death is said to have occurred on the date stated above, at 3:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/26/42
Other contributory causes of importance: Exhaustion	3/28/42

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. B. Campbell M. D.

3/30/42 (Address) 1644 Harlem Ave.

Sec. 1 Rule 1 Every birth and every death occurring within the limits of this City must be reported. See instructions on back of certificate. Exact statement of

F 90724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-B

Registered No. F 90724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 So Stricker st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Wiehling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-1896

8. AGE: Years	Months	Days	If less than one day
45	3	3	hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Watchman
11. Industry or business City

FATHER
12. Name Wm Wiehling
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Lotz
15. Birthplace Md.

16 (a) Informant Mrs E. Lipsey
(b) Address 340 So. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard J. Roth
(b) Address 5305 Harford Ave

19 MAR 31 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29/1942 to 3/29/1942 and that I last saw him alive on — 19

Immediate cause of death Acute Pulmonary Edema

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

F 90725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 90725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Bolden Bouldin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Daisy
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	7	7		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Stevedore (Unemployed)
11. Industry or business

FATHER
12. Name James Bouldin
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Carrington
15. Birthplace Va.

16 (a) Informant Daisy Bouldin
(b) Address 1032 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31, 42 (month) (day) (year)
(c) Cemetery or crematory Sage, Virginia
Location

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 1129 N. Carrollton St Huntington Station, Md.

19 (Signature of local registrar) MAR 31 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of chest
Perforation of aorta
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 3/28/42 at 2:25 P M
(c) Where did injury occur? 1716 E. Eager St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pistol

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/29/42

VS 6

F 90726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 Pine Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Pine Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie E. Knight.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26-1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	10	3		

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business at home.

FATHER
12. Name John T. Knight
13. Birthplace Md.

MOTHER
14. Maiden Name Laura V. Sands.
15. Birthplace Md.

16 (a) Informant Bessie Knight.
(b) Address 1037 Pine Heights Ave

17 (a) Burial. (b) Date thereof April 1-42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles J. Schwatt.
(b) Address 505 N. Monroe St.

19 (a) MAR 31 1942 (b) Huntington Williams, M.D.
(Filed) Address 26 E Mulberry Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Mar 29 1942
and that I last saw him alive on Mar 22 1942

Immediate cause of death: Coronary Thrombosis — Duration: 7 hr.
Due to:
Due to: Cardio Vascular Disease — 2 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 26 E Mulberry Ave Date signed Mar 31 1942

VS 3

90727 HEALTH DEPARTMENT—CITY OF BALTIMORE 90727

CERTIFICATE OF DEATH

30-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 E. Pratt St. 26-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James J. Kehoe

If U. S. Veteran specify WAR

(a) Residence: No. 3421 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M.	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Ellen Kehoe

6. DATE OF BIRTH (month, day, year): June 24-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month, year): 1939

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: James Kehoe

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Cath. Barry

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Catherine Schultz

(Address): 3421 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 4/1/ 1942

19. UNDERTAKER: John F. Connelly

(Address): Catonsville, Md.

20. FILED: MAR 31 1942 — Huntington Wilson, M.D.

Dr. Smith 147 E. Pratt Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/29/ 1942

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1942 to 3-29 1942

I last saw him alive on 3-29 1942 Death is said to have occurred on the date stated above, at 12:10 a.m. noon

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Aortic aneurysm	2 weeks
Arteriosclerosis	2 years

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Gerald M. D.

(Address) 147 E. Pratt Ave.

F 90728

MA 72486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3 F 90728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Claremont Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Shook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Shook (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1877

8. AGE: Years	Months	Days	If less than one day
64	11	14	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ? Neeley
13. Birthplace ?

MOTHER
14. Maiden Name Maria ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director John F. Connolly
(b) Address Leary 3rd st.

19 (a) MAR 31 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1942 to 3-30 1942, and that I last saw her alive on 3-30 1942

Immediate cause of death: Bronchopneumonia — Duration 4 days
Due to
Due to
Other Conditions Cerebral thrombosis — 7
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabinowitz M. D.
Address Balto. City Hosp. Date signed 3-30-42

VS 2

F 90729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 90729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 S. Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 S. Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Langley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: John Langley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10th 1858

8. AGE: Years 83 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace St. Marys Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Wm V. Kelly
(b) Address 516 S. Hanover St

17 (a) Burial (b) Date thereof 4/1/42
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location Glenburnie Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAR 31 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Address 1 W Mt Vernon Pl Date signed 3/30/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29th 1942, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1939, to Mar 29 1942, and that I last saw her alive on Mar 28 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 10 Days

Due to arteriosclerosis — Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature David Trauberman M.D.

VS 1

F 90730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-P

Registered No. F 90730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden and Madison St.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 E Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Malinda Daffin (DAFFIN)

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ralph

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAR. 27 1865

8. AGE: Years: 57 | Months: 0 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: Home wife

11. Industry or business

FATHER
12. Name: Theodore Wharton
13. Birthplace: city

MOTHER
14. Maiden Name: Mary Gordon
15. Birthplace: city

16 (a) Informant: Ralph Daffin
(b) Address: 2109 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Baltimore Md

18 (a) Funeral director: Wilburn
(b) Address: 3171 Eastern Ave

19 (a) MAR 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1942 to Mar 1942 and that I last saw h alive on Mar 31 1942

Immediate cause of death: Uremia — Duration

Due to: Strangulated Hernia — Duration
Obstruction intestine

Due to — Duration

Other Conditions: marked Obesity — Duration
(Include pregnancy within 3 months of death)

Date of operation — Duration

Major findings of operation: — Duration

of autopsy: — Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Luther B Woodward M.D.

Address 1 Mt Vernon Pl Date signed 3-31-42

VS 3

90731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18-a

F 90731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1656 Chittenden ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Ford

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NV	214-12-0061	Male	White	Married

6 (b) Name of husband or wife Harriett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/29/1876

8. AGE	Years	Months	Days	If less than one day
	65	11	0	hr. min.

9. Birthplace Raymont Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John A Ford
13. Birthplace Md

MOTHER
14. Maiden Name Lena Ford
15. Birthplace Md

16 (a) Informant Harriett Ford
(b) Address 1656 Chittenden Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Balto Md
18 (a) Funeral director Williams & Co
(b) Address 2417 E Fort Ave
19 (a) MAR 31 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured scapula + skull	
Injury cervical spinal cord	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/27/42 at 11a M
(c) Where did injury occur? 1123 Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall from ladder

23. Signature [signature] M.D.
Medical Examiner.
Date signed 3/29/42

VS 6

90732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 90732 Registered No. 28987

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Frederick ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick A. Melville

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-07-8006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Agnes M. Melville
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/1886

8. AGE: Years	Months	Days	If less than one day
55	10	17	hr. min.

9. Birthplace Annapolis Md. (Town, county, and state)
10. Usual Occupation Dairy Keeper
11. Industry or business Brooklands, Fairfield

FATHER
12. Name Unknown Melville
13. Birthplace "

MOTHER
14. Maiden Name Mary Hogan
15. Birthplace "

16 (a) Informant Agnes M. Melville
(b) Address 5007 Frederick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Williams & Son
(b) Address 1912 W. Pratt Huntington Williams Md.

MAR 31 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 9:58 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1942 to March 29 1942 and that I last saw him alive on March 29 1942.

Immediate cause of death: Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosaberg
Address St. Agnes Hosp. Date signed 3/29/42

VS 3

F 90733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Gough St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 66 years

3 (a) FULL NAME Pelagia Binick

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Binick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months — | Days — | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Work.

11. Industry or business

FATHER
12. Name Wojciech Wilapski
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace "

16 (a) Informant George Binick
(b) Address 1724 Gough St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanis Kostka
Location Back Bay

18 (a) Funeral director William Gaskowski
(b) Address 1618 Eastern Ave

19 MAR 31 1942 (Date filed by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942 4 P. M

21. I certify that death occurred on the date above stated (that I attended deceased from Dec. 3/29 1941 and that I last saw h[illegible]ive on 3/30 1942

Immediate cause of death
Hypertensive Cardio-Vascular disease — Duration —
Due to Coronary Thrombosis — "
Due to — "
Other Conditions — "
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Krause
Address 1618 Eastern Ave Date signed 3/31/42

VS 8

F 90734 (Corrected) F 90734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 90734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Luzerne Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Klima

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Klima

6 (c) If alive, give age yrs. If dead, how long years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Austria-Hungary (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Klima
13. Birthplace Austria/Hungary

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria/Hungary

16 (a) Informant Joseph Klima
(b) Address 922 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Brock Brock & Son
(b) Address 900 N. Charles St

19 (a) Registered MAR 31 1942 (b) Filed MAR 31 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 11:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1941 to 3/29 1942 and that I last saw h[illegible] alive on 3/29 1942.

Immediate cause of death Carcinoma of ascending colon — Duration ?

Due to

Due to

Other Conditions Cachexia, hypostatic pneumonia, arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Schibal

Address 447 N. Kenwood Ave Date signed 3/30/42

VS 2

F 90735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 90735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Belvedere Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Theresa Schoberg

6 (c) If alive, give age (Years)

7. Birth date of deceased (mo., day, yr.) Dec. 5 1870.

8. AGE: Years 71 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Storekeeper

FATHER
12. Name Charles Gardner
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Walter
15. Birthplace Germany

16 (a) Informant Mrs Catherine M. Gardner
(b) Address 3301 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.C. Cemetery Md.

18 (a) Funeral director John J. Waltemyer
(b) Address 1318 Light St.

19 MAR 31 1942 Huntington Williams M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1939 to Mar 28 1942 and that I last saw h alive on 19

Immediate cause of death: Carcinoma of stomach with generalized metastasis — Duration: 6 Mo ?

Due to

Due to

Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation June 4

Major findings of operation: Carcinoma of stomach

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel H. Culver M. D.
Address 56 W Pratt St Date signed

F 90736 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90736 !

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Calvert St. 3rd floor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
UNIVERSITY MEDICAL SCHOOL MAR 31 1942
(c) Cemetery or Crematory
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, MD.

19 MAR 31 1942 (b) 8069
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942, at 4 1/2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said
(Autopsy or Inquiry)
find that said deceased came to ... death on the day stated above.

Immediate cause of death: Cardiovascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 3/18/42

VS 6

H13566 F 90737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-P

F 90737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Birchwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert C O'Connell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-95

8. AGE: Years	Months	Days	If less than one day
46	4	16	hr. min.

9. Birthplace Ill. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name John T O'Connell

13. Birthplace Ill.

MOTHER 14. Maiden Name Margaret Crowe

15. Birthplace Ill.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)

(c) Cemetery or crematory Calvary Cemy. Location Evanston, Ill.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1800 Eutaw St

19 MAR 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 31 1942 at 4:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 25 1942, to MAR 31 1942, and that I last saw him alive on MAR 31 1942

Immediate cause of death	Duration
Carcinoma of Prostate	
Uremia	
Due to	
Due to	
Other Conditions Acidosis	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Mud

Address Johns Hopkins Hospital Dated 3/31/42

VS 3

F 90738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 90738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 744 Pierce St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Born here

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 744 Pierce St
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Josephine Holbrook

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov. 14-1897

8. AGE: Years 44 | Months 4 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Housework

FATHER
12. Name Isaac Holbrook
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Jefferson
15. Birthplace Va.

16 (a) Informant Helen Johnson
(b) Address 232 N. Calhoune St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Wm Kate P. Williams
(b) Address 932 N. Eutaw St.

MAR 31 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942, to March 27 1942; and that I last saw ... alive on March 16 1942

Immediate cause of death: Chronic Interst. Nephritis — Duration

Due to ✓

Due to ✓

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C. Carlson M. D.
Address 1016 E. Preston St Date signed 3-31-42

F 99739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 F 90739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3133 Guilford avenue
(c) Hospital or institution: --- -
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3133 Guilford avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALVIN B. LENNAN , M.D.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Amanda Newman Lenn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1879

8. AGE: Years 63 | Months 2 | Days -- | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Alvin S. Lennan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eugenia Brooks
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna Evans
(b) Address 3133 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Chas. H. Sauerwald Sons
(b) Address 48 W. Mt. Royal ave

19 (Date rec'd by registrar) MAR 31 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1941 to Mar 29 1942 and that I last saw him alive on Mar. 28 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 13d.
Due to: Chr. Arterial.
Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Lockard. M. D.
Address 2425 N. Charles St. Date signed Mar 30, 1942.

VS 3

F 90740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-3

F 90740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 E. Chase street
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 E. Chase street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FRANCES KING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 13, 1905

8. AGE: Years 36 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Saloon Keeper

FATHER
12. Name John F. King
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary McComb
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Chas. D. Minig
(b) Address 702 Belgian avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Grace E. Sauerhoefer
(b) Address 118 W. Mt. Royal Ave

19 (a) ____ (Signature) Huntington Williams, M.D. Registrar

MAR 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24-1942 to 3-29-1942 and that I last saw h[illegible] alive on 3-27-1942

Immediate cause of death: Uremia — Duration: 1 year.

Due to: Polycystic Kidneys — Duration: Life

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2807 Harford Rd Date signed 3-30-42

F 90741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-A Registered No. F 90741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-9014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary H. Langhirt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.-30-1878

8. AGE: Years	Months	Days	If less than one day
63	3	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation night watchman
11. Industry or business B&O Central Building

FATHER
12. Name Albert Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Henry
15. Birthplace Baltimore Md.

16 (a) Informant Mary H. Miller
(b) Address 1214 E. Eager St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April-1-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hooker Sons Inc.
(b) Address 1301 E. Eager St.

19 MAR 31 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March-29-1942 19 , at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942 to Mch 29 1942 and that I last saw h[illegible] alive on Mch 29 1942.

Immediate cause of death: Acute pleurisy with effusion.
Due to
Due to Influenza 4 weeks
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration: 4 days

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Keown.
Address 1938 Linden Ave Date signed 3/30/42

VS 1

F 90742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 90742
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4415 Buenavista ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4415 Bunavista ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James P. Kane
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	married

6 (b) Name of husband or wife Cecilia King Kane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	7	20		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business City Employ

FATHER
12. Name Patrick Kane
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget
15. Birthplace Ireland

16 (a) Informant Wife Cecilia Kane
(b) Address 4415 Bunavista ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Frank J Pepitone
(b) Address 2818 E. Baltimore St

Date received MAR 31 1942
Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1939, to March 31 1942 and that I last saw h. alive on March 31 1942.

Immediate cause of death
Cardiac Decomp; with Hypertension Cardiovascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J Shumaker M. D.
Address 5711 Falls Rd
Date signed 3-31-42

F-90743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. F 90743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 Salem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Benjamin Franklin Coates BROWN (Birth F. 41533)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-42

8. AGE: Years | Months: 1 | Days: 38 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Benjamin Coates
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Balt. Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 31 1942

18 (a) Funeral director [redacted]
(b) Address

19 (a) MAR 31 1942 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR-26 1942 at 910 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 10 1942 to MAR 26 1942 and that I last saw him alive on MAR 26 1942

Immediate cause of death: Acute Nutritional Disturbance — Duration: 21 days

Due to

Due to — Duration: over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or [redacted]) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Fulcher M. D.
Address Johns Hopkins Date signed

VS 5

8070

F 90744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

Registered No. F 90744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 rd. and Guilford
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gross (Birth F-46567)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Baby

6 (b) Name of husband or wife Baby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/26/42

8. AGE: Years | Months | Days | If less than one day 8 hr. 5. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business Baby

FATHER
12. Name Charles M. Gross
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mildred A. Offerman
15. Birthplace New York City

16 (a) Informant Charles M. Gross
(b) Address 2723 Guilford Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL MAR 31 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAR 31 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to March 26 1942 and that I last saw h.im alive on March 26 1942.

Immediate cause of death: Fetal atelectasis — Duration

Due to

Due to

Other Conditions Patent ductus arteriosus and foramen ovale

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy The above were found

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thompson Pearey, M.D.
Address Union Memorial Hospital Date signed 3/28/42

VS 3

8072

F 90745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182-0

Registered No. F 90745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 742 W. Fayette st
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wayne Thomas Taylor (Birth F-44561)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1942

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Earnest Leroy Taylor
13. Birthplace N. C.

MOTHER 14. Maiden Name Alma May
15. Birthplace Pa.

16 (a) Informant from Birth Certificate
(b) Address F-44561-Mother

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAR 31 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Myers

19 (a) MAR 31 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3/42 19 42, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide See [illegible]
(b) Date of occurrence 3/3/42
(c) Where did injury occur? 742 W Fayette st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell & struck something in fall

23. Signature H. E. Bradshaw Jr. M. D.
Address Franklin Sq. Hosp. Date signed 3/3/42

VS 1

8071 Sales

F 90746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 90746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 W. PRATT ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY J. HAUSE

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 2, 1888

8. AGE: Years 53 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)

10. Usual Occupation SHOE SALESMAN

11. Industry or business

FATHER
12. Name FRANKLIN W. HAUSE
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name EMMA PETERS
15. Birthplace GERMANY

16 (a) Informant Elizabeth Nicherson
(b) Address 405 W. Pratt St

17 (a) BURIAL (b) Date thereof 4/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD (BALTO, MD)

18 (a) Funeral director Fred. A. Krause & Son
(b) Address 1216 S. Charles St.

MAR 31 1942
(Date received by registrar)

(b) Huntington Mills, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1934 to March 29 1942 and that I last saw h[illegible] alive on 3-27 1942

Immediate cause of death: Cerebral Hemorrhage

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Thomas B. Schneider M. D.

Address 5 Y. Fulton Ave Date signed 3-31-42

VS 2

F 90747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133

F 90747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.4da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo.4da.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 14th St., N. E. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN MATTHEWS DUNCAN

3 (b) If veteran, name war Machinist

3 (c) Social Security Account No. 228-12-7906

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Duncan

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1896

8. AGE: Years 45 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace Warrenton, Virginia (Town, county, and state)

10. Usual Occupation Ordinary Seaman

11. Industry or business

FATHER
12. Name Robert Duncan.
13. Birthplace Warrenton, Virginia.

MOTHER
14. Maiden Name Martha
15. Birthplace Warrenton, Virginia.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1-42 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Washington D.C.

18 (a) Funeral director P. J. Dalfalla
(b) Address 475 H St. N.W.

19 APR 1 1942 (Accepted by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1942, at 11:10a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1942, to Mar. 29, 1942, and that I last saw him alive on Mar. 29, 1942.

Immediate cause of death: Suppurative pyelonephritis — Duration 3 mo.

Due to: Traumatic compression of spinal cord — 20 mos.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 3/6/42

Major findings of operations: Spine operation exploratory; laminectomy, partial; extision of bone fragment; cyst to

Findings of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specific type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 3/30/42

VS 2

F 90748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1932

F 90748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 N. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Jeffries

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-2008

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Marie Annie

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 5-13-1903

8. AGE: Years 39 | Months 10 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace Roxboro N.C.
(Town, county, and state)

10. Usual Occupation steel-worker

11. Industry or business

FATHER
12. Name Apollis Jeffries
13. Birthplace N.C.

MOTHER
14. Maiden Name Eliza Thomas
15. Birthplace N.C.

16 (a) Informant Mrs Marie Jeffries.
(b) Address 1334 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1932 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Arbutus Md.

18 (a) Funeral director Mrs P. A. Elliott & Bro.
(b) Address 1139 N. Carrollton St.

19 (a) APR 1 - 1932 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1932 at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1932 to 3-31 1932 and that I last saw h/M alive on 3-30 1932

Immediate cause of death
Cerebral hemorrhage — Duration 7 ds

Due to hypertensive cardio-vascular disease — unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymer Browne

Address 1500 E. Madison St Date signed 3/31/32

VS 3

Raymer Browne

F 90749 2635 F 90749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 North Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

43

3 (a) FULL NAME Fred Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 12-12-1885

8. AGE: Years	Months	Days	If less than one day
? 56?	3 ?	18 ?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Richard Barnes
13. Birthplace Virginia

MOTHER
14. Maiden Name Beatrice ?
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2- 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. D. Co

18 (a) Funeral director Sam. W. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) Date received by local registrar APR 1 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942, at 5-1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1942, to 3-30 1942, and that I last saw h~~im~~ alive on 3-30 1942

Immediate cause of death Bronchopneumonia
Tremlor — Duration 7 days ?

Due to

Due to

Other Conditions Cerebral Thrombosis — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rabkin M. D.
Address Balto. City Hosp Date signed 3-31-42

F 90750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 90750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 1110 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lottie Phillips (Philipp)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife James Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1879

8. AGE: Years 63 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Henry Dall
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mercy Hosp. Records
(b) Address Caldwell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hollins St.

19 (a) Filed APR 1 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 31 1941 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1941 to Nov 31 1941 and that I last saw him alive on Nov 31 1941

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Hypertensive Cardio-Vascular Disease.

Due to:

Other Conditions: Lues. Pneumococcal Empyema (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tracy A. Spencer Jr. M.D.
Address Mercy Hosp. Date signed 3/30/42

VS 3

The above information should be carefully supplied. The physician: please write the causes of death clearly and legibly.

M. D. B. 1202-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90751

CERTIFICATE OF DEATH

✓ 47a F 90751

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Fawson St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James William Franklin (FRANKLIN)

(a) Residence: No. 1439 Towson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Franklin

6. DATE OF BIRTH (month, day, year) Dec. 27- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canes Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME James Franklin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary E Kisling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Franklin

(Address) 1439 Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 2 19 42

19. UNDERTAKER Maurice J. Fry Son

(Address) 422 Light St.

FILED 19

Registrar.

APR 1 - 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 42

22. I HEREBY CERTIFY, That I attended deceased from March 24 1942 to March 30 42 19

I last saw him alive on March 30 42 Death is said to have occurred on the date stated above, at 5.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Primary	7d

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stevens Thos F Stevens M. D.

(Address) 2878 Hanford Rd

V. S. 8

Write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90752

CERTIFICATE OF DEATH

✓124-8

F 90752

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Scott St. 21-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME NICHOLAS J WALLACE SR.

If U. S. Veteran specify WAR S.S. 215-10-0055

(a) Residence: No. 603 SCOTT St., _____ Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of BRIDGID WALLACE

6. DATE OF BIRTH (month, day, year) JAN 25 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FOREMAN.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. REVERE BRASS WORKS

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) MASS

FATHER

13. NAME NICHOLAS J. WALLACE

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME NOT KNOWN.

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT BRIDGID WALLACE

(Address) 603 SCOTT ST.

18. BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL Date 4-4 19 42

19. UNDERTAKER Bernard C Hark

(Address) 121 E West St

PRT 1942 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 31st 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938 to Mar 31 1942.

I last saw him alive on Mar 30 1942. Death is said to have occurred on the date stated above, at 7:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
(1) Cardio - Vascular disease.	1 Day
(2) Myocardial decompensation	Feb, 1942
(3)	
Contributory causes of importance:	
4) Cirrhosis of liver	over 5 years
5) Fracture of R. hip	1937

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) A. P. Van Schaick M. D.

(Address) 4618 Edmondson Ave

Bal 1843

F 90753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

F 90753 Registered No.

Please write the causes of death clearly and legibly. The ... accurately supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OCTAVIA DUDLEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1894

8. AGE: Years 60 | Months 9 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace McDaniel Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank Miller
13. Birthplace Md

MOTHER 14. Maiden Name Mary Burton
15. Birthplace Md.

16 (a) Informant Richard Dudley
(b) Address 1028 Argyle Ave.

17 (a) ___ (Burial, cremation, or removal) (b) Date thereof 4-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Md

18 (a) Funeral director Mrs Frances A Hemby
(b) Address 1012 W Biddle St

19 (a) APR 1-1942 (Date rec'd by registrar) (b) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 5:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Coronary occlusion
Due to
Due to
Other Conditions Leo
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Z Wollenweber M.D.
Medical Examiner.
Date signed 3-28-42

VS 6

F 90754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Thomas Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Thomas Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH A. EAGAN

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1881

8. AGE: Years 60 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk, Court of Common Pleas

11. Industry or business Court House

FATHER
12. Name Patrick Eagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Josephine Roderick
15. Birthplace Maryland

16 (a) Informant Mr. John Eagan
(b) Address 1708 Thomas Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director John J. Dickman Sons
(b) Address North & Pa. Avenues.

19 APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death	
Coronary occlusion	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. per Howard J. Bratton M.D. Medical Examiner.
Date signed 4-1-42

VS 6

F 90755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Bentalou St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick J. Burnstad

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3557

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth D. Burnstad
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1893

8. AGE: Years	Months	Days	If less than one day
48	6	22	hr. min.

9. Birthplace St. Paul, Minn. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B. & O. R. R.

FATHER
12. Name Joseph Burnstad
13. Birthplace St. Paul, Minn.

MOTHER
14. Maiden Name Clara Hubner
15. Birthplace St. Paul, Minn.

16 (a) Informant Mrs. Elizabeth D. Burnstad
(b) Address 18 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1942 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore, Maryland

18 (a) Funeral director Frederick J. Pole
(b) Address 1205 W. Lombard St

19 APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1942 at 3:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
~~Cause of death~~ Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 3/29/42

VS 6

F 90756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No. F 90756

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 N. Chapel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 N. Chapel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry P. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-9878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian E. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1898

8. AGE: Years	Months	Days	If less than one day
44	0	13	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name George A. Martin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Winifred Connolly
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Harry P. Martin
(b) Address 824 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Leopold Funeral Home
(b) Address 7401 Belair Road

19 (a) Apr 1 1942 Huntington Williamsport, Md

MEDICAL CERTIFICATION 9.20

20. DATE OF DEATH March 30th 1942. 9.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1941. to March 30 1942. and that I last saw h alive on March 30 1942.

Immediate cause of death Coronary Thrombosis and Lung central Segmentation — Duration 1 yr.

Due to Lueti infection — Duration 10 yrs.

Due to

Other Conditions Coronary Artery disease Luetic Aorta
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Brill M. D.
Address 226 N. Washington St. Date signed 3/31/42

VS 8

F 90757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

F 90757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 N. Hay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Hay St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Sam Lewis
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Carp
13. Birthplace Russia

MOTHER
14. Maiden Name Vosa —
15. Birthplace Russia

16 (a) Informant Sam Lewis
(b) Address 205 N. Hay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-42 (month) (day) (year)
(c) Cemetery or crematory Cem.
Location Hebrew Southern Ave

18 (a) Funeral director Jack Leo & Sons
(b) Address 1489 E Balto. St

19 APR 1 - 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-42 19 .. at 4 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1938 to 3/24 1942 and that I last saw h[illegible] alive on 3/24 1942.

Immediate cause of death: Acute cardiac failure — Duration:
Due to Ch myocarditis
Due to Ch Hypertension
Other Conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hornstein M.D.
Address 733 Argyle St. Date signed 4/7/42

VS 8

Local # 90758 F 90758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1326 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 W. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Clarence R. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5555

4. Sex M | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1910

8. AGE: Years 31 | Months 32 | Days 6 | If less than one day hr. min. 3

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Walter Hall

13. Birthplace Md.

MOTHER 14. Maiden Name Gertrude Hall

15. Birthplace Md.

16 (a) Informant Lillian Hall

(b) Address 1326 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (month) (day) (year)

(c) Cemetery or crematory Agnetus

Location Md

18 (a) Funeral director Wes. H. Nelson

(b) Address 1323 Pierce Funeral Home

19 (a) APR 1 - 1943 Huntington Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION about

20. DATE OF DEATH 3/29/43 1 P.M. 70 Y M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/43 to 3/29/43 and that I last saw him alive on 3/29/43

Immediate cause of death: Coronary Thrombosis
Endocarditis
Due to: Hypertension Arteriosclerosis
Due to: Focal infection

Duration: days, hours, min.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature E. E. Bartholow M. D.

Address 536 N. Carey St

VS 1

F 90759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90759 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 E 22½ St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Four 12
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 E. 22½ St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Olives

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 Months Days If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Walter Olives

(b) Address 400 E. 22½ St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)

(c) Cemetery or crematory Glater Co.

Location Pa.

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Preastman

19 (a) APR 1 — 1942 (Date filed by registrar) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1942 at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23, 1942 to March 29 1942 and that I last saw h[illegible] alive on March 28, 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 da.

Due to

Due to

Other Conditions Hypertension — 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Adams Adams M. D.

Address 312 E 23rd Date signed 3-31-42

VS 1

F 90760 72227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 90760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 N. Pine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Hantz 72227

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1921

8. AGE: Years	Months	Days	If less than one day
20	8	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Bradford
13. Birthplace Md.

MOTHER
14. Maiden Name Emma M. Hantz
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.g. County

18 (a) Funeral director Adolphus Habstead
(b) Address 916 Druid Hill Ave.

19 (a) APR 1 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 30 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1942, to Mar. 30 1942, and that I last saw h er alive on Mar. 30 42

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice W. Rutkin Jr. M. D.
Address Baltimore City Hos Date signed 3-30-42

VS 1

F 90761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108 Registered 90761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Brentwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN NICHOLSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1901

8. AGE: Years	Months	Days	If less than one day
41	1	-	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Waverly Coal yard

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Viola Balden
(b) Address 1705 Brentwood St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Apl 2 1942

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolph Rutkowski
(b) Address 928 Fulton Ave

19 (a) APR 1 – 1942 (b) Filed by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942 at 5 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 3-31-42

VS 6

F 90762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30B

F 90762 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 676 Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. & No. 676 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERNARD JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-9796

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1924

8. AGE: Years	Months	Days	If less than one day
18	17	2	10 hr. min.

9. Birthplace Richmond, Virginia (Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Ralph Johnson

13. Birthplace Richmond Va.

MOTHER 14. Maiden Name Mary B. Parker

15. Birthplace Richmond, Va.

16 (a) Informant Mary B. Brown

(b) Address 676 W. Fairmont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 3-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. County

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave

19 (a) (Date received by registrar) MAR 4 1942 Huntington Williams, M.D. (Registrar)

V8 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 19 42; at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Meningo-encephalitis chronic — Duration

Due to causes unknown

Due to

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Asst Medical Examiner

Date signed 3-23-42

Important: please write the causes of death clearly and legibly.

F 9076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

F 9076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Milford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Milford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Audrey E Mulhern

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 26/1937

8. AGE: Years	Months	Days	If less than one day: hr.	min.
5	2	5		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl P Mulhern
13. Birthplace Hampton Va

MOTHER
14. Maiden Name Elizabeth M. Cunningham
15. Birthplace Baltimore Md.

16 (a) Informant Earl P. Mulhern
(b) Address 3910 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3/1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry R. Annacek
(b) Address 4201 Pittsworth Ave

19 APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March - 31 1942, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to March 31 1942 and that I last saw her alive on March 31 1942

Immediate cause of death
1) - Acute Tuberculosis — Duration 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M.D.
Address 4108 Liberty Hts Date signed 4/1/42

VS 3

F 90764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

F 90764 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2246 Guilford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther Mitchell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 495-10-7558

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: VIOLA MAY MITCHELL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1901

8. AGE: Years 41 | Months 4-0 | Days | If less than one day: hr. min.

9. Birthplace: BLOSSOM, TEXAS (Town, county, and state)

10. Usual Occupation: PAINTER

11. Industry or business: BETH. FAIRFIELD YARDS

FATHER
12. Name: UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace

16 (a) Informant: MRS. ALMA ROBERTS
(b) Address: 2246 GUILFORD AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)
(c) Cemetery or crematory: CATHEDRAL
Location

18 (a) Funeral director: Mary M. Highfield
(b) Address: 501 E. 20th St.

19 APR 1 – 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27- 1942, at 3.30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Ruptured Liver – Traumatic	
" Spleen – "	
Due to	
Due to	
Other Conditions: Fractured ribs Bruised Lungs & Contusions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 3-27-42 at 2.30 A M
(c) Where did injury occur: Bethlehem Shipbuilding Corp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place: Industrial (Specify type of place) While at work? Yes
(e) Means of injury: Fell down hole of ship.

23. Signature: Howard J. Malpass M.D. Medical Examiner.
Date signed 3-27-42

VS 6

F 90765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7

F 90765 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 E. 33rd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 706 E 33rd St
(If rural give location)
Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John P. O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76 75	—	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Painting

FATHER
12. Name John P O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Boyle
15. Birthplace Ireland

16 (a) Informant Mrs Bennett
(b) Address 706 E. 33rd St

17 (a) — (Burial, cremation, or removal) (b) Date thereof April 1-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 32nd St

19 APR 1 1942 Huntington Williams M.D.
(Date received) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 29th 19 42 at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 42 to — 19 —, and that I last saw him alive on March 28 19 42.

Immediate cause of death: Chronic Valvular Heart Disease — Duration —
Due to Hypertension —
Due to —
Other Conditions Broncho Pneumonia —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Manuel Sotow M. D.
Address 4624 York Road Date signed 3-31-42

F 90766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90766

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Eden Terrace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6214 Frederick Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edla May Howser — Mrs. Ella May Howser

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January , 1862

8. AGE: Years 80 70 | Months 2 | Days ? | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert Howser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Brooks
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Rhoda Roth
(b) Address 6214 Frederick Rd. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

APR 1 - 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1942 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1942 to March 31 1942, and that I last saw h[illegible] alive on March 31 1942.

Immediate cause of death C-V. failure, Emphysema

Due to Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Emphysema, Lung Abscess

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Broberg
Address St. Agnes Hosp. Date signed 3/31/42

Md 1700

F 90767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Baltimore Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~Baltimore~~ Carroll County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street 610 Baltimore Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

31

3 (a) FULL NAME Mrs. Jenny W. Boyd

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3/1870

8. AGE: Years	Months	Days	If less than one day
71	8	28	— hr. — min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Housework at Home

11. Industry or business

FATHER
12. Name John Ukrapeual
13. Birthplace Germany

MOTHER
14. Maiden Name Unk.
15. Birthplace Germany

16 (a) Informant Reginald L. Boyd
(b) Address 3015 Lindsay Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore City.

18 (a) Funeral director J. B. Hipsley & Son
(b) Address 300 Eutaw Place

19 (a) (b)
Date rec'd by Local Registrar Registrar

APR 1 — 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 42, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1941 to Mar. 31 1942 and that I last saw her alive on Mar. 31 1942.

Immediate cause of death: Cardiac insufficiency — Duration: 2 mos.
Due to: Chr. myocarditis — 4 mos.
Due to: Extreme obesity (500 lbs.) — 20 yrs.
Other Conditions: Diabetes mellitus — 4 mos.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Wice M. D.
Address 820 St. Paul St. Date signed 4-1-42

Dr. Wice

F 90768

Darchicourt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90769

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Oakland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Rural - Sparrows Pt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country France

3 (a) FULL NAME Emil Darchicourt

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Theresa Darchicourt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1877

8. AGE: Years	Months	Days	If less than one day
65	2	19	hr. min.

9. Birthplace Calais, France (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Life

FATHER
12. Name Joseph Darchicourt
13. Birthplace France

MOTHER
14. Maiden Name Frances Coille
15. Birthplace France

16 (a) Informant Theresa Darchicourt
(b) Address Todd Ave - Dundalk Station

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1942 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Baltimore, Md

18 (a) Funeral director Durward A. Covington
(b) Address 21 W 25th St

19 (a) Filed Apr 2 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942, to March 29 1942, and that I last saw h alive on March 29 1942.

Immediate cause of death Hemorrhage from Pulmonary artery — Duration

Due to Erosion

Due to Bronchogenic Carcinoma

Other Conditions Pul. Tbc.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Kenderdine M.D.
Address Sinai Hospital Date signed 3/30/42

Reg. No. 1942

F 90769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 90769 Registered No.

The F... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4617 Karon
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4617 Karon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie C. Eggling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John H. Eggling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1865

8. AGE: Years 76 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Henry Kurtz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Christina Rankle
15. Birthplace Baltimore

16 (a) Informant John Eggling
(b) Address 4617 Karon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)

(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director John Ward
(b) Address 1200 Orleans St

19 (c) APR 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 10 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1931 to 3/29 1942 and that I last saw h[illegible] alive on 3/29 1942

Immediate cause of death: Myocardial Degeneration — Duration 4 days

Due to:

Due to:

Other Conditions: Diabetes Mellitus — Duration 11 yrs

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: None

23. Signature: Edward Miller M. D.
Address 1580 N Eden Date signed 3/31/42

VS 3

90770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 90770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mada Liden
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos. or days) 3
(e) Length of stay in Baltimore (yrs., mos. or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1713 Chilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Dora Seaberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife William A Seaberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1888

8. AGE: Years 54 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Geo Rustaberg
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Ritzer
15. Birthplace Germany

16 (a) Informant Wm A Seaberg
(b) Address 1713 Chilton St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 2 42 (month) (day) (year)

(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director John Wehr
(b) Address 2008 Orleans St

19 APR 1 1942 (b) Huntington Williamsport MD

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29-42 to 3-31 1942 and that I last saw h-r alive on 3-30 1942

Immediate cause of death
Pneumonia
Due to Chronic Myocarditis
Due to Cancer of Uterus

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md General Hosp Date signed 4-1-42

F 90771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172

Registered No. F 90771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bd of City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 961 N. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Hammerbacher

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5357

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Loretta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1911

8. AGE: Years	Months	Days	If less than one day
30	5 2	28	2 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Deck hand
11. Industry or business Tug boat

FATHER
12. Name Henry H. Hammerbacher
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary T. Regan
15. Birthplace Baltimore Md

16 (a) Informant Henry H. Hammerbacher
(b) Address 961 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director John Ulyck
(b) Address 2402 Eutaw St.

19 (a) APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/7/42 at 3 P.M.
(c) Where did injury occur? Bear Creek Anne Arundel Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Unknown
(e) Means of injury Fell off boat

23. Signature H. H. Weidenhoft M.D. Medical Examiner.
Date signed 4/1/42

VS 6

F 90772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered 90772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town, limits write RURAL and give town)
(d) Street No. 821 W. Lanvale st
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

2 (a) FULL NAME Rev. Whit M. Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ortie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 9-5-1873

8. AGE: Years 68 | Months 6 | Days 23 | If less than one day 4 hr. min.

9. Birthplace Weldon N. C.
(Town, county, and State)

10. Usual Occupation Clergyman

11. Industry or business

FATHER 12. Name Frank Allen
13. Birthplace N. C.

MOTHER 14. Maiden Name Hannah ?
15. Birthplace N. C.

16 (a) Informant Ortie Allen
(b) Address 821 W Lanvale st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Reba ave

APR 1 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/42 19 4 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3/25/42 19 to 3/29/42 and that I last saw him alive on 3/28/42

Primary cause of death Coronary Thrombosis

Due to Pneumonia

Due to Chronic Myocarditis

Other Conditions ?

(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration: Unknown days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? (Specify type of place) While at work? ✓
(e) Means

23. Signature [illegible] M. D.

Address 516 N. Carey [illegible]

VS 3

F 90773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42 Registered No. 90773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo19da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Marritsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER KING

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 219-07-4954

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Amanda Thomas KING

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1892

8. AGE: Years 49 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Marrittwille, Maryland (Town, county, and state)

10. Usual Occupation Quarry Worker

11. Industry or business

FATHER
12. Name John King
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Alice Sands,
15. Birthplace Cockville, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)
(c) Cemetery or crematory WEST LIBERTY
Location ALPHA MD.

18 (a) Funeral director F.C. HIGINBOTHOM
(b) Address ELLICOTT CITY, MD.

19 (a) (Date received by registrar) APR 1 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1942, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1942 to March 30, 1942, and that I last saw him alive on March 30, 1942.

	Duration
Immediate cause of death: Chronic Uremia; Ascites	5 mo.
Due to: Chronic glomerular nephritis	Unk.
Due to:	
Other Conditions: Cardiac hypertrophy; Chronic myocarditis (Include pregnancy within 3 months of death)	Unk.

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital Baltimore, Maryland. M. D.
Date signed 3/31/42

F 90774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
Fayette & Collow Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 E. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roy Howell (Real name Roy Howell)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 354-03-6295

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 22 1899

8. AGE: Years 42 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Scotland Pa
(City, county, and state)

10. Usual Occupation Metal Grader

11. Industry or business Iron Foundry

FATHER
12. Name Elias L Howell
13. Birthplace Dayton Ohio

MOTHER
14. Maiden Name Agnes M Hutchinson
15. Birthplace Toledo Ohio

16 (a) Informant David Hymes
(b) Address 229 Holiday St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/1/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Jos Cox
(b) Address 1219 E Fayette St

19 (a) APR 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1942, at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/1942 to 3/29/1942 and that I last saw h.i.m. alive on 3/29/1942.

Immediate cause of death
Cardiac Insufficiency
Due to Hypertensive cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp Date signed 3/31/42

VS 3

Fold or separate important. Physicians: please write the causes of death clearly and legibly.

90775

RC(72253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D Registered 90775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or Institution BALTIMORE CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 E. Randall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Rose

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1921

8. AGE: Years	Months	Days	If less than one day
20	3	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Jackson, Rose
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Kaufman
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Ludor Mill
Location Richlee Highway

18 (a) Funeral director D. F. McCall
(b) Address 130 E. Fort Ave.

19 (Date received by registrar) APR 1 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1942 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1942 to 4-1 1942
and that I last saw him alive on 4-1 1942

Immediate cause of death Brain Tumor (Third ventricle) — Duration 6 mo

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-28-42

Major findings of operations Brain Tumor

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Poskett
Address Balt. City Hosp. Date signed 4-1-42

Will call Later

VS 3

90776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No. F 90776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 680 Josephine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERTHA CHAMBERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Keare

APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 5 20 p. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinoma of cervix of uterus — Duration

Due to

Due to

Other Conditions Leo

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 3-28-42

8074

...correct age is especially important. Physicians: please write the causes of death clearly and legibly. THIS ...RGIN RESE... ...ADING INK. Every item of information should be carefully supplied.

F 90777

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161-C

Registered No. F 90777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Russell No 3

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-42

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Nathaniel Russell
13. Birthplace Lafayette, Tenn.

MOTHER
14. Maiden Name Ethel Witt
15. Birthplace Va.

16 (a) Informant Mother
(b) Address 509 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 - 1942 Commissioner of Health

18 (a) Funeral director Per M. A. Kiers
(b) Address
19 (a) APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 3-18 1942, and that I last saw h alive on 19.

Immediate cause of death Hemorrhagic disease of the new born — Duration 7 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of [redacted]

of autopsy: Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Hamilton
Address University Hosp Date signed 3-30-42

VS 2

8073

F 90778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 90778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2642 E. Monument St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Hoffheiser,

3 (b) If veteran, name war --

3 (c) Social Security Account No. 218-09-3509

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna L. Hoffheiser,
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 12, 1863

8. AGE: Years	Months	Days	If less than one day
78	10	18	..... hr. ..... min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business Greenmount Cemetery

FATHER
12. Name Henry Hoffheiser,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Catherine M. Gulbar,
(b) Address 2642 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Bethleheam Church
Location Cordorus Penna.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1941 to March 30 1942. and that I last saw h[illegible] alive on March 30 1942.

Immediate cause of death Carcinoma of Rectum — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 3/31/42 M. D.

F 90779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B Registered No. F 90779

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Curley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cadamus Adams

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 717-07-6189

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebbeca R.
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1880

8. AGE: Years	Months	Days	If less than one day
61	5	13	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business P.R.R.

FATHER
12. Name James L. Adams
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Willey
15. Birthplace Maryland

16 (a) Informant Mrs. Rebbeca R. Adams
(b) Address 30 N. Curley st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John A. Mosan
(b) Address 3060 E. Baltimore st.

19 (a) Filed [illegible] 1942 (b) Signature for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29 1942 at 10-25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1942 to 3-29 1942 and that I last saw him alive on 3-29 1942

Immediate cause of death: Pulmonary embolism — Duration 2 hrs.
Due to Thrombophlebitis, L. leg.
Due to
Other Conditions Multiple lung infarcts.
(Exclude pregnancy within 3 months of death)
Date of operation 3-28-42
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Reames, M.D.
Address University Hospital Date signed 3-29-42

F 90780

JN 72900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

152 Registered No.

F 90780

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clemen Webber (Clement Weber)

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary (d)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1857
8. AGE: Years 85 | Months 1 | Days 17 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Clemen Webber (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia (d)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.
18 (a) Funeral director Jno. J. Moran
(b) Address 3600 E. Baltimore St.
19 (a) APR 1 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1942 at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1942 to 3-31 1942 and that I last saw ~~him~~ alive on 3-31 1942

Immediate cause of death: Cellulitis of Left Leg
Pneumonia
Dehydration

Duration: 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Lyden M. D.
Address BCH Date signed 2-11 42

VS 3

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

90781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 90781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Balto.
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maple & Catalpha Aves.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Everett F. Thompson~~ Everett S. Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Daisie Walters Thompson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 12, 1888
8. AGE: Years ~~53~~ 54 | Months 1 | Days 18 | If less than one day: hr. min.
9. Birthplace: North East, Md. (Town, county, and state)
10. Usual Occupation: Asst. Construction Engineer
11. Industry or business: State Roads Commission

FATHER
12. Name: Joseph V. Thompson
13. Birthplace: North East, Md.

MOTHER
14. Maiden Name: Annie Bouchelle
15. Birthplace: Cecil County, Md.

16 (a) Informant: Mr. J. M. Thompson
(b) Address: Oxford, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1942 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cemetery
Location: Brooklyn, Md.

18 (a) Funeral director: [illegible]
(b) Address: 1000 W. Baltimore St.

19 (Date rec'd by registrar) APR 1 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 30 - 1942, at 9:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Adkins M.D.
Medical Examiner.
Date signed 3-30-42

VS 6

90782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

F 90782 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keelavood & Greene
(c) Hospital or institution University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Annapolis Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert E. Dooley (Gilbert E. Dooley)

3 (b) If veteran, name war

3 (c) Social Security Account No. 245-03-7265

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise B. Dooley
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) October 14,1914

8. AGE: Years	Months	Days	If less than one day
27	4 5	17	hr. min.

9. Birthplace Russell County, Va. (Town, county, and state)
10. Usual Occupation Pusher
11. Industry or business General Refractories Co.

FATHER
12. Name Charles Dooley
13. Birthplace Russell Co., Va.

MOTHER
14. Maiden Name Lizzie Meade
15. Birthplace Russell Co., Va.

16 (a) Informant Mrs. Frances Bowman
(b) Address Old Annapolis Rd., Severn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3,1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Cem
Location Glenburnie, Md.

18 (a) Funeral director J. H. Amoroso
(b) Address 1042 N. Baltimore St.

19 APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1942 to 3-31 1942, and that I last saw h[illegible] alive on 3-31 1942.

Immediate cause of death
Aneurism — Duration 9 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 3-25-42

Major findings of operation: Para vertebral block (L)

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury DAUG

23. Signature H. Williams M.D.
Address University Hosp. Date signed 3-31-42 M. D.

VS 2

F 90783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90783 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Wash. Blvd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Louis Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31, 1910

8. AGE: Years	Months	Days	If less than one day
31	3	01	hr. min.

9. Birthplace Pennsylvania (Town, county and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Louis J Miller
13. Birthplace Va.

MOTHER
14. Maiden Name Eva Handel
15. Birthplace Va

16 (a) Informant FB Handel
(b) Address 633 Wash. Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-42 (month) (day) (year)
(c) Cemetery or crematory Location Richmond Va.

18 (a) Funeral director John C. Milley Inc.
(b) Address 2425 E. Oliver St.

19 (a) APR 2 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 19 42, at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1942 to April 1 1942 and that I last saw h alive on April 1 1942

Immediate cause of death	Duration
Respiratory failure	1 hr
Due to Lobar pneumonia	1 wk
& septicaemia	2 da
Due to Type I	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J B Sheehan M. D.
Address Mercy Hosp Date signed

F 90784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Lifelong

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street and No. 28 Flagship Road (If rural give location)

Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter C Puckett

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-6664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bessie Puckett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1887

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Repair man

11. Industry or business

FATHER

12. Name Hansemen Puckett

13. Birthplace Virginia

MOTHER

14. Maiden Name Mollie A Hartley

15. Birthplace Virginia

16 (a) Informant Mrs Bessie A Puckett

(b) Address 28 Flagship Rd (Dundalk)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)

(c) Cemetery or crematory Craigsville Cemetery

Location Craigsville Va

18 (a) Funeral director William M Marack

(b) Address 715 Light St

19 Apr 2 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1942, at 3.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 22 1942 to April 1 1942, and that I last saw h[illegible] alive on April 1st 1942.

Immediate cause of death: Cardiac failure

Due to: Carcinomatosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul C Mangano M. D.

Address 1213 Light Street Date signed

VS 3

F 90785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-a

F 90785 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 W Lee St (If rural give location)
(e) Citizen of foreign country? Italy (Yes or No)
If yes, name country Ital. Born Italy

27

3 (a) FULL NAME Corado Frangoni

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 2 1873

8. AGE: Years	Months	Days	If less than one day
69	4	23	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Stone Cutter
11. Industry or business

FATHER
12. Name Francesco Frangoni
13. Birthplace Carrara Italy

MOTHER
14. Maiden Name Rose Bombardo
15. Birthplace Carrara Italy

16 (a) Informant Miss Alice Beale
(b) Address 1223 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director William H Mareck
(b) Address 715 Light St

19 (a) [illegible] (Date received by registrar) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1942 to March 31 1942, and that I last saw him alive on March 28 1942.

Immediate cause of death Cirrhosis of the Liver

Due to —

Due to —

Other Conditions Hypostasis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

Duration

over 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm H Outterson M.D.
Address 324 Penitentiary Rd Date signed 3/31/42

F 99786 BALTIMORE CITY HEALTH DEPARTMENT F 99286
CERTIFICATE OF DEATH 93-D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Burleith Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Louise Rheinhardt 212-01-3301
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 24, 1881
8. AGE: Years 60 Months 11 Days 7 If less than one day hr. min.
9. Birthplace Maryland (Town, county or state)
10. Usual Occupation Seamstress
11. Industry or business
FATHER 12. Name Mr. Conrad Rheinhardt
13. Birthplace Germany
MOTHER 14. Maiden Name Louise Conrad
15. Birthplace Maryland
16 (a) Informant Martin W Rheinhardt
(b) Address 702 Annesley Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md
18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave
19 (a) Filed APR 2 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH 3/31 1942, at 9:30 A
21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1942 to 3/31 1942 and that I last saw her alive on 3/30 1942
Immediate cause of death Ventricular asystole
Due to Hypertensive cardio-vascular disease
Due to
Other Conditions Acute bronchitis, Auricular fibrillation. Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?
.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Allen F. Dalrymple, M.D.
Address Union Memorial Hospital Date signed 3/5/42

VS 1

F 90787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90787 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2732 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 87 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 St. Paul St. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Mathilda Roehle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis C. Roehle
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 55

8. AGE: Years	Months	Days	If less than one day
87	---	---	--hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Anton Weiskittel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Shumacher
15. Birthplace Germany

16 (a) Informant Mrs. L. J. Byrne
(b) Address 2732 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Myers & Son
(b) Address 805 N. Calvert Street

19 (Date received by registrar) APR 2 - 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1918 to April 1 1942 and that I last saw her alive on March 31 1942

Immediate cause of death	Duration
(a) Coronary Thrombosis	Days
Due to (b) Arteriosclerosis, asthma	Days
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. A. Kentscher M. D.
Address 12 Chase St Date signed 4-3-42

VS 8

F 90788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81

Registered No. F 90788

THE MORSE CO. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~ARLEAN~~ ARLENE SHAW

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Gaston Shaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 34 | Months | Days | If less than one day hr. min.

9. Birthplace Lawrenburg N.C (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank Robinson

13. Birthplace N.C.

MOTHER 14. Maiden Name Adda Cunningham

15. Birthplace N.C.

16 (a) Informant Gaston Shaw

(b) Address 212 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1942 (month) (date) (year)

(c) Cemetery or crematory

Location Lawrenburg N.C.

18 (a) Funeral director Elroy P. Wilson

(b) Address 1000 Pulaski Hwy and

19 APR 2 1942 Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 7 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Meningitis, acute suppurative

Due to: pneumococcus

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation: no

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. 2nd Medical Examiner.

Date signed 3-31-42

F 90789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 90789 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1141 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ryland Steinback 72630

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 19, 1910

8. AGE: Years	Months	Days	If less than one day
31	11/	12	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred Steinback
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Powell
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. Francis A. Hemsley
Address 3704 W. Baltimore St.

19 (a) APR 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1 1942, at 6:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18 1942 to Apr. 1 1942, and that I last saw him alive on Apr. 1 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Patterson M. D.
Address Balto. City Hosp. Date signed 4-1-42

VS 3

F 90790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90790 Registered No.

USE MORGUE MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Essie Rice
(b) Address 1222 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) APR 2 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular Disease

Due to Senile

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 3-30-42

V8 6

F 90791 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90791

CERTIFICATE OF DEATH. 49-a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4515 Garrison Blvd. ST 15-10 WARD)

2-FULL NAME Ida M. Campbell

(a) RESIDENCE NO Sudbrook Pk. Md. ST.. WARD Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS
10 NAME OF FATHER Rev. A. F. Campbell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa
12 MAIDEN NAME OF MOTHER Margaret Schneider
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Pa

14 Informant Mr. H. M. Strawbridge
(Address) 4400 Fernhill Ave

Filed APR 2 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 31. 42

17 I HEREBY CERTIFY. That I attended deceased from Sept 24, 1941 to Mar 31, 1942
that I last saw h[er] alive on Mar 31, 1942
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:

Pelvic carcinoma

over

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) General metastasis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 1937.
Was there an autopsy? No
What test confirmed diagnosis? Inspection & X-ray.
(Signed) Palmer F. Williams M. D.
4/1. 1942 (Address) Pikesville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burial Lorraine Cemetery
DATE OF BURIAL Apr. 3 1942
20 UNDERTAKER WM. J. TICKNER & SONS INC.
ADDRESS North & Pa Ave

Pikesville 77

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

Registered No. F 90792

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St -
(c) Hospital or institution: Home for Incurables -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Home for Incurables (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Garrott (NELLIE GARROTT)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	14	hr. min.

9. Birthplace Knoxville Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name J. Rice Garrett.
13. Birthplace Knoxville, Md.

MOTHER
14. Maiden Name Jane Anderson
15. Birthplace Buckeystown, Md.

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St City -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory St. Marks
Location Petersburg, Maryland

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 APR 2 - 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1939 to April 1 1942 and that I last saw deceased alive on March 31 1942.

Immediate cause of death	Duration
Arteriosclerosis (Generalized)	10 years
Due to Cutaneous Deformans	6 Years
Due to Seborrheic Dermatitis	15 years
Other Conditions Corneal Opacity after Stitch (Include pregnancy within 3 months of death)	28 years

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Thompson
Address 214 Medical Arts Bldg Date signed 4/1/42

VS 3

F 90793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-9

F 90793

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 Glenwood
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Herbert Schaeffer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	26	hr. min.

9. Birthplace Baltimore, Co. Md.
(Town, county, and state)
10. Usual Occupation Landscapr Gardner
11. Industry or business

FATHER
12. Name George Jacob Schaeffer
13. Birthplace Pa.

MOTHER
14. Maiden Name Eliza Ann Doxzen
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Schaeffer
(b) Address 46 Glenwood Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Govans Presb.
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) Filed APR 2 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, at 1 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1942 to April 1 1942; and that I last saw him alive on April 1 1942.

Immediate cause of death Lobar pneumonia (Cont. Operation)

Due to

Due to

Other Conditions Carcinoma of Rectum
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Arthur Rosberg, M.D.
Address St. Agnes Hosp. Date signed 4/1/42

F 90794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

F 90794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

10-V

3 (a) FULL NAME JAMES H. JOHNSON

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Theresa Jaspar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1890

8. AGE: Years 52 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Luther Johnson

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 4 2 42 (month) (day) (year)

(c) Cemetery or crematory Baltz Rte Catonsville
Location Frederick Road

18 (a) Funeral director Lottie Gross

(b) Address 1408 Ashland ave

19 (a) ____ (b) ____

APR 2 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1942, at 3:25 am

21. I certify that death occurred on the date above stated; that I attended deceased from March 27, 1942, to Mar. 30, 1942, and that I last saw him alive on March 30, 1942.

Immediate cause of death PULMONARY TUBERCULOSIS WITH CAVITATION — Duration: Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Claude B Mayer

Address US Marine Hospital, Baltimore, Maryland. Date signed 3/31/42

F 90795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42 F 90795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Gilmor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meredith Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Leonia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. — 1898

8. AGE: Years	Months	Days	If less than one day
43	5		hr. min.

9. Birthplace Newport News — Va
(Town, county, and state)

10. Usual Occupation Attendant

11. Industry or business

FATHER
12. Name Joshua Johnson
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace Va

16 (a) Informant Leonia Johnson
(b) Address 408 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) APR 2 — 1942 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31 1942 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 19 42 to Mar. 31 1942 and that I last saw h. alive on Mar. 31 19 42

Immediate cause of death Uremia — Duration 5 days

Due to Hypertension Cardiovascular Renal

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Pechstein M. D.
Address Provident Hosp Date signed 3/31/42

VS 8

F 90796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 90796

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE — BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MALONE

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-3954

4. Sex M | 5. Color or race Col | 6 (a) Single, married, ~~widowed, or divorced~~ married

6 (b) Name of husband or wife Sarah Malone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10 1891

8. AGE: Years 50 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Charles Malone
13. Birthplace Maryland

MOTHER 14. Maiden Name Francis Robinson
15. Birthplace Maryland

16 (a) Informant Sarah Malone
(b) Address 704 Carrollton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Windsor Hills - Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Fayette St. Washington Apt. Williams Md.

19 (a) APR 2 - 1942 (Date filed by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 42 at 3 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature H. L. Wollenweber M.D. Deputy Medical Examiner.
Date signed 3-30-42

F 90797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. F 90797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 216 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Peters

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6205

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Lucy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1886

8. AGE: Years 56 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Daniel Peters
13. Birthplace Howard Co.

MOTHER
14. Maiden Name Missouri ?
15. Birthplace Md.

16 (a) Informant: Lynwood Peters
(b) Address 1309 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Fulton Ave

19 APR 2 - 1942 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 3½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/30/42 at 2a M
(c) Where did injury occur? 216 N Carey St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burning Agents Clothes Fired

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/1/42

VS 4

F 90798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 90798 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1757 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1757 Homestead (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

97

3 (a) FULL NAME David M. Graham

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie V. Graham 6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1871

8. AGE: Years	Months	Days	If less than one day
71	2	30	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Structural Work

FATHER
12. Name Dont Know
13. Birthplace Canada

MOTHER
14. Maiden Name Dont Know
15. Birthplace Canada

16 (a) Informant Mrs Jennie V. Graham
(b) Address 757 Homestead St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/4/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director John Lloyd
(b) Address 5008 Belmont Ave

19 SEP 2 1942 Huntington Williams M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1938 to 8-31-1942 and that I last saw him alive on 3-25-1942

Immediate cause of death Cardio-renal Disease — Duration Two years
Due to Arteriosclerosis — Duration Many years
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo B. Sykes M. D.
Address 2302 Harford Rd Date signed 9-1-42

VS 2

F 90799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-a

Registered No. F 90799

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SOLOMON WEINBERG

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Celia C. Weinberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	29	hr. min.

9. Birthplace Holland. (Town, county, and state)
10. Usual Occupation Retired ?
11. Industry or business

FATHER
12. Name Issaac Weinberg.
13. Birthplace Holland.

MOTHER
14. Maiden Name Fredericka Bos,
15. Birthplace Holland.

16 (a) Informant Mr. Irvin Weinberg,
(b) Address Staunton, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Harris Levine & Son.
(b) Address 1902 Eutaw Place.

19 (a) APR 2 - 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st. 1942, at 8 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 17-1942 to April 1-1942, and that I last saw [illegible] alive on Mar 26 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Hypertrophy with Degeneration	
Due to Chronic Interstitial Nephritis	
Other Conditions Senile Psychosis	20 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Geyer M. D.
Address 156 N. Milton Ave. Date signed 4/2/42

VS 2

F 90870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D F 90800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Calvert St. (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew L. Warner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Helen F. M. Warner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~July 6, 1859~~ March 11, 1860

8. AGE: Years 82 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Jeweler, retired

11. Industry or business

FATHER
12. Name James Warner
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Barbara Will
15. Birthplace Baltimore, Maryland

16 (a) Informant Helen F. M. Warner
(b) Address 2829 Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery ~~xxxxxxx~~ Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed APR 2 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1942 at 6.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1942 to April 1, 1942, and that I last saw him alive on April 1, 1942.

Immediate cause of death	Duration
Bronchial Pneumonia	one week
Due to	
Due to	
Other Conditions Cardiac Hypertrophy + Myocarditis (Include pregnancy within 3 months of death)	

Date of operation none
Major findings of operation: none
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ogden, M. D.
Address 2701 N. Calvert St. Date signed

VS 8

F 90891 F 90801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47-a

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3920 Fernhill Ave.
(c) Hospital or institution:
Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Fernhill ave. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Dr. Lorrain Sherman Hulburt

3 (b) If veteran, name war _____ 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Dorey
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 8, 1858

8. AGE: Years	Months	Days	If less than one day
84	0	21	_____ hr. _____ min.

9. Birthplace Wisconsin (Town, county, and state)
10. Usual Occupation Prof. Of Math.
11. Industry or business

FATHER
12. Name Claunecy Hulburt
13. Birthplace New York State

MOTHER
14. Maiden Name _____
15. Birthplace _____

16 (a) Informant Edward O. Hulburt
(b) Address 509 S. Lee St. Alex. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location _____

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

19 (a) APR 2 - 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941 to Mar 29 1942, and that I last saw ~~him~~ alive on Mar 28 1942.

Immediate cause of death: Carcinoma of Larynx. — Duration: from Oct 1-42.
Due to: Laryngeal Obstruction.
Due to _____
Other Conditions _____
(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Howard H. Warren M. D.
Address 2604 Garrison Blvd Date signed 3-31-42

VS 2

90802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. 90806 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1731 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Harrison

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F

5. Color or race Cd

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Geo.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/25/1877

8. AGE: Years 65 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unk
13. Birthplace

MOTHER 14. Maiden Name Mayer
15. Birthplace

16 (a) Informant Sara Harrison Shipp
(b) Address 1731 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Md

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Presstman

19 (a) APR 2 – 1942 Registrar (b) Name verified by relative or friend Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942; at 8 M

21. I certify that death occurred on the date above stated, that I attended deceased from March 28 1931 to March 31 1942 and that I last saw h[illegible] alive on March 30 1942.

Immediate cause of death:
(a) Myocarditis - Cardio Renal - Vascular
Due to
(b) Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
3
Yrs
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Hatcher
Address 1775 Park Date signed 4/3/42 M.D.

VS 8

F 90803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90803

Registered No. 83-a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 W. Baltimore St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Strohmer

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-01-8095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary M. Lowe
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	26	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing Mnf.

FATHER
12. Name Andrew Strohmer
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalie Efs
15. Birthplace Germany

16 (a) Informant Mrs M. Strohmer
(b) Address 2221 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bland Road

18 (a) Funeral director Thos J. Kenny
(b) Address Hollins & Gilmor

19 (a) APR 2 – 1942 (Registered by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942 at 10:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1942 to 4/1 1942 and that I last saw him alive on 4/1 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Day
Due to: Hypertension — Duration: 10 yrs
Due to: Arterial Sclerosis — Duration: 0
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Carlson M. D.
Address 2045 W Balto St Date signed

VS 3

F 90804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 a

F 90804 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37-0-24

(e) Length of stay in Baltimore (yrs., mos., or days) 37-0-24

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County —

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. Philen Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Katie Donohue

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Philadelphia Pa (town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name unknown

13. Birthplace unknown

MOTHER — 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Mrs. Jas. Rumbo —

(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Edward Moran Co.

(b) Address 108 W. Mt. Royal Ave.

19 (a) Filed APR 2 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1942, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to April 1, 1942, and that I last saw h[illegible] alive on April 1, 1942.

Immediate cause of death Uremia. — Duration 3 days

Due to Hypertensive-Cardio Renal disease. — 5 years

Due to — —

Other Conditions Feebleminded — 37 years

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Samuel P. Hayes M. D.

Address 33 W. Madison St. (Date signed)

VS 2

F 90805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90805 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2513 Edmondson Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena W. Trapp.

3 (b) If veteran, name war ***

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chrales P. Trapp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1867

8. AGE: Years 74 | Months 9 8 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Gollieb Haas
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Pabst.
15. Birthplace Germany

16 (a) Informant Miss Edna Hanson
(b) Address 2513 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 APR 2 - 1942 (b) Huntington Williams, M.D. Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1942, at 10:30 P M

21. I certify that death occurred on the date above stated that I attended deceased from June 20 1941, to March 30 1942, and that I last saw her alive on March 29 1942.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 1 yr.

Due to

Due to

Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. McLee M.D.

Address 1331 E. Lothbur Date signed 3-31-42

F 90806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo8da
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Frederick Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIS CARPENTER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Orpha Helen Monroe

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Feb. 13, 1886

8. AGE: Years: 56 Months: 1 Days: 18 If less than one day: hr. min.

9. Birthplace: Pitts County, New York
(Town, county, and state)

10. Usual Occupation: Repairman of shoes

11. Industry or business: Own Business

FATHER
12. Name: Charles Edgar Carpenter
13. Birthplace: West Housit, New York.

MOTHER
14. Maiden Name: Ida King
15. Birthplace: Cambridge, New York.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore

18 (a) Funeral director: George L. Schwab
(b) Address: 21 Frederick Ave.

APR 2 - 1942
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1942 at 5:00p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21, 1942 to Mar. 31, 1942 and that I last saw him alive on Mar. 31, 1942

Immediate cause of death	Duration
CARDIAC Decompensation	1 mo.
Due to Myocardial infarction	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: J. D. Adams M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 4/1/42

VS 3

F 90807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90807

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 W Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Beach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877?

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name James Parker
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Reed
15. Birthplace Va.

16 (a) Informant Edith Smith
(b) Address 1405 W Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans Md

18 (a) Funeral director E Leroy O Wilson
(b) Address 1060 Pennsylvania Ave

19 APR 2 - 1942 (Date filed by Registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 42, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1942 to March 31 1942 and that I last saw h alive on March 29 42

Immediate cause of death
1 Hypertensive Heart Disease

Duration

Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Walter Sherrington M. D.
Address 701 N Carey St. Date signed 4/2/42

F 90808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 90808 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 NOBLE ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 NOBLE ST. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IRENE REILLY

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 4 1924

8. AGE: Years 17 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation SCHOOL GIRL
11. Industry or business

FATHER
12. Name JAMES J. REILLY
13. Birthplace PENNA.

MOTHER
14. Maiden Name CATHERINE ALBERT
15. Birthplace BALTO. MD.

16 (a) Informant CATHERINE REILLY (MOTHER)
(b) Address 3406 NOBLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 4/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director LILLY & ZEILER, INC.
(b) Address 403 S. WOLFE ST.

19 (a) APR 2 (Date rec'd by Registrar) (b) 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH MAR. 31 1942, at 5/30

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1941 to March 31 1942
and that I last saw h[illegible] alive on 3/31 1942

Immediate cause of death: Subarachnoid Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gardner, M.D.
Address 1400 E. Biddle St. Date signed 4/1/42

VS 3

F 90809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90809 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR BEING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 S. CONKLING ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 S. CONKLING ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIA SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN P. SMITH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 3 1874

8. AGE: Years	Months	Days	If less than one day
67	6	28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JACOB HUBNER
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH SNYDER
15. Birthplace GERMANY

16 (a) Informant JOHN P. SMITH (HUSBAND)
(b) Address 900 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 4/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. WOLFE ST.

19 (a) APR 2 - 1942 (Date received by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH MAR. 31/42 1942 at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1942 to 3-31-1942 and that I last saw h.er alive on 3-31-42.

Immediate cause of death
Asphyxia
Pulmonary Tuberculosis Cavernous
Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Neuschwanger M. D.
Address 3549 Eastern Ave. Date signed 4/2/42

F 90810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 90810

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Wickelow St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 1913 Wickens Ave (If outside city limits, write RURAL and give town)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Edward Lineman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1876

8. AGE: Years 65 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Wm. E. Lineman

13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Lee

15. Birthplace Md

16 (a) Informant Miss Lula Lineman

(b) Address 1913 Wickelow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4/42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Nuttle

(b) Address 4101 E Edmondson ave

19 APR 2 1942 (b) H. H. Nuttle

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1/42 19 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1942 to April 1 1942 and that I last saw him alive on March 31 1942

Immediate cause of death Auricular Fibrillation

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kirmse

Address 1974 Lanvale Date signed 4/2/42

V2 1

F 90811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-D

Registered No. F 90811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Ottobal Ave
(c) Hospital or institution Herman aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Ottobal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Eichhorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1862

8. AGE: Years	Months	Days	If less than one day
79	6	22	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Stableman

11. Industry or business

FATHER
12. Name August C. Eichhorn
13. Birthplace Germany

MOTHER
14. Maiden Name Frederika Selle
15. Birthplace Germany

16 (a) Informant General German Aged
(b) Address People's Home, 22 S. Ottobal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3/42 (month) (day) (year)
(c) Cemetery or crematory United Evangelical
Location 6115 O'Donnell St.

18 (a) Funeral director Henry H. Mitchell
(b) Address 4101 E. Monument Ave

19 (a) APR 2 1942 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 2/42 to Apr. 1/42, and that I last saw h im alive on Apr. 1/42

Immediate cause of death	Duration
Multiple Sclerosis	Unknown.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Special type of place) While at work?
(e) Means of injury

23. Signature Henry Woods Shmidt
Address 933 Hanover St. Date signed Apr. 2, 1942.

F 90812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 90812

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Mount St
(If rural, give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Henry Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0413

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 25 yrs. Months Days If less than one day hr. min.

9. Birthplace Keysville Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Wilson
13. Birthplace Brunswick Co. Va.

MOTHER
14. Maiden Name James Anna Bolden
15. Birthplace Keysville Va.

16 (a) Informant Edna Wilson
(b) Address 1032 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location Balt. Co. Md.

18 (a) Funeral director Chas. H. Elzey
(b) Address 929 Gilmor St. Baltimore, Md.

19 (a) [illegible] (Registrar) (b) Huntington Hollander, M.D. Registrar

APR 9 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 2 1942 at 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942 to 4/2 1942 and that I last saw her alive on 4/2 1942

Immediate cause of death Pulmonary Tuberculosis Duration 6 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Pickett

Address 1536 W. Lanvale St. Date signed 4/7/42

F 90813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 90813 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5201 Beaufort ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 5201 Beaufort ave. (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel B. Collier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Walter Collier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1887

8. AGE: Years	Months	Days	If less than one day
54	9	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER 12. Name Chas Howard McCauley

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Emma Barnes

15. Birthplace Baltimore Md

16 (a) Informant Mr. Walter Collier

(b) Address 5201 Beaufort ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location

18 (a) Funeral director Manning C. Taylor

(b) Address 600 W North ave.

APR 2 1942 Huntington Williams Md

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1942, at 7.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 1939, to Mch 31 1942, and that I last saw h[er] alive on Mch 30 1942.

Immediate cause of death Exhaustion — Duration 10 yr

Due to Carcinoma of Breast

Due to Metastasis to Lung.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Carcinoma of Breast

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles J. Wells M. D.

Address 5376 Park Heights ave Date signed 4/1/42

F 90814 LA 72859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No. F 90814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Henrietta Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Albert (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1903

8. AGE: Years	Months	Days	If less than one day
39 38	2 14	18	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Richardson (d)
13. Birthplace N. C.

MOTHER
14. Maiden Name Annie Durden
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery or crematory New Bern
Location N. C.

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 1017 W. Monroe & Fremont Sts

APR 2 1942

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1942 to 4-1 1942 and that I last saw h[er] alive on 4-1 1942

Immediate cause of death Cardiac failure — Duration 5 days

Due to Rheumatic heart disease — Duration 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-2-42

VS 3

F 90815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - F 90815 Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Western Md. R. R.
(b) Street address — Shack, west end of Kenyon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Shack, west end of Kenyon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) APR 2 - 1942
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 APR 2 - 1942 (b) (Date rec'd by registrar) Registrar 8083

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26-1942 at 6.10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon, and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Cardio-Vascular Renal — Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeck M.D. Medical Examiner.
Date signed 3-27-42

F 90816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 90816

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Gwynn Oak (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 Patapsco Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Rice twin (Birth F46570)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harold Rice
13. Birthplace Kentucky

MOTHER
14. Maiden Name Hazel Mitchell
15. Birthplace Kentucky

16 (a) Informant Hazel Rice
(b) Address 103 Patapsco Rd Gwynn Oak

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] APR 2 – 1942
Location Commissioner of Health

18 (a) Funeral director Paul H. [illegible]
(b) Address Huntington Williams, Md

19 (a) APR 2 – 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 at 4 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 26 1942 to March 26 1942 and that I last saw h[illegible] alive on March 26 1942

Immediate cause of death
1 Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration 15 min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William C. Selby M. D.
Address Mercy Hospital Date signed 3/26/42

VS 3

8084

F 90817 ✓ + F 90817 1,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 Virginia Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Rice Twin # 2 (Birth F. 4571)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26-42

8. AGE: Years | Months | Days | If less than one day hr. 5 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harold Rice

13. Birthplace Kentucky

MOTHER 14. Maiden Name Mazie Mitchell

15. Birthplace Kentucky

16 (a) Informant Harold Rice

(b) Address 123 Virginia Rd Dundalk

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (Date received by registrar) APR 2 1942 Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to March 26 1942 and that I last saw alive on March 26 1942.

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration 5 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Kelly M. D.
Address Mercy Hospital Date signed March 26 1942

VS 3

8085

F 90818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 90818
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Gwynns Falls Park Way
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Gwynns Falls Park Way (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

151

3 (a) FULL NAME Francesco P. Nasco

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Paolina Nasco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 12 1879

8. AGE: Years 62 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace: Enna Italy (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Sebastiano Nasco
13. Birthplace: Italy

MOTHER
14. Maiden Name: Liberia Di Leonardo
15. Birthplace: Italy

16 (a) Informant: Paolina Nasco (Wife)
(b) Address: 3213 Gwynns Falls Park Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4th/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) APR 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31- 1942, at 38. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942 to 3-31 1942, and that I last saw h[illegible] alive on 3-31- 1942

Immediate cause of death: Acute Cardiac decompensation - Pt's mouthy of long a.
Duration: 10 days.
Due to: Valvular disease years over
Due to: ?
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: S. Dennis M. D.
Address: Medical Arts Bldg. Date signed

VS 8

F 90819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49E

F 90819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution: Mulvaa Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Southern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) ——— years

3 (a) FULL NAME ELSIE M. JOLLY.

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James E. Jolly.
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 6, 1899

8. AGE: Years	Months	Days	If less than one day
42	10	26	hr. ——— min.

9. Birthplace Sharon, Mercer Co., Pa. (Town, county, and state)
10. Usual Occupation Clerical clerk
11. Industry or business U. S. Veterans Administration

FATHER
12. Name Louis C. Miller
13. Birthplace Pa.

MOTHER
14. Maiden Name Laura E. Watson
15. Birthplace Pa.

16 (a) Informant James E. Jolly
(b) Address 3207 Southern Av., Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Fairview Cem., Catonsville, Md.
Location Catonsville, Md.

18 (a) Funeral director Henry Sauer & Son, Inc.,
(b) Address 1400 E. North Ave., Balto., Md.

19 (d) APR 2 1942 (Date rec'd by registrar) (e) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1942, 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1942 to April 2 1942 and that I last saw him alive on April 1 1942.

Interval between onset and death Hemorrhage. Duration 7 months

Due to Small Round Cell Sarcoma. Duration 7 months

Beginning in Right Buttock Leg — Duration 7 months

Due to — — Duration ———

Due to ——— Duration ———

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence —
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ——— While at work? ——— (Specify type of place)
(e) Means of injury ———

23. Signature L. L. Longley, M. D.
Address 5106 Harford Rd. Date signed 4-2-42

VS 3

M. D. S. 1938-9

F 90820 HEALTH DEPARTMENT—CITY OF BALTIMORE F 90820

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Bouldon St 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary anna Jasol (Jesiolowski)

(a) Residence: No. 423 N Bouldon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward Jasol

6. DATE OF BIRTH (month, day, year): Jan 15 1869

7. AGE: About Years 73 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Jacob Deszczenski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Anhnnny Skowacki

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Phyllis Cook
(Address) 1423 N Bouldon St

18. [illegible] OR REMOVAL
Place Schenectady N.Y. Date 4/4 19 42

19. UNDERTAKER: William Cook
(Address) 127 S. Paca St

APR 2 — 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1942 to March 31, 1942

I last saw h[illegible] alive on March 31, 1942 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

arteriosclerotic Cardio-Vascular disease

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Blumgardner M. D.

(Address) Caspelsby Md.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question must be answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 90821

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 1409 Jefferson Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country England ?

3 (a) FULL NAME John Hardy

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emily Hardy
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.) Sept 21, 1880
8. AGE: Years 61 | Months 6 | Days 10 | If less than one day: hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name John W. Hardy
13. Birthplace England

MOTHER
14. Maiden Name Harkaway
15. Birthplace England

16 (a) Informant Mercy Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) APR 2 1942 (Date received) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942 at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1942 to April 1 1942 and that I last saw h alive on April 1 1942

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Congestive Heart Failure (Indicate pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcy Records M. D.
Address Mercy Hosp. Date signed April 2 1942

VS 1

F 90822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a Registered No. F 90822

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave - Hudson St.
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Z

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Barclay St (If rural give location)
(e) Citizen of foreign country? ~~no~~ (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Florence T. Mowery

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles T. Mowery

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) Dec. 31st 1903

8. AGE: Years 28 | Months 3 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Davis Mills Md. (Town, county, and state)

10. Usual Occupation Forewoman

11. Industry or business At home

FATHER
12. Name Jacob Earnbaugh
13. Birthplace Md

MOTHER
14. Maiden Name Anna Hood
15. Birthplace Md.

16 (a) Informant Charles T. Mowery
(b) Address 1620 Barclay St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/3/42 (month) (day) (year)
(c) Cemetery or crematory Mount Hill
Location Owings Mills Md

18 (a) Funeral director Wilhoyte Co.
(b) Address 1217 E. Fort Ave.

19 APR 2 - 1942 Registered by registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 11.44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1942 to 3-31 1942 and that I last saw h[illegible] alive on 3-31 1942

Immediate cause of death Acute Lymphatic Leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp. Date signed 3/31/42

90823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 90823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Linden (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Vernon Fleshinger

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17 - 1879

8. AGE: Years 62 | Months 3 | Days 14 | If less than one day: hr. min.

9. Birthplace Frederick Co. - Maryland (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name John A. Fleshinger
13. Birthplace Abbottstown Pa

MOTHER
14. Maiden Name Sarah Albaugh
15. Birthplace Frederick Co Md

16 (a) Informant Laura Fleshinger
(b) Address 1917 Linden ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore Md

18 (a) Funeral director Wilhelm & Sons
(b) Address 1217 E Baltimore St

19 APR 2 - 1942 (Date rec'd by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 1 - 1942, at 11.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
1 Fractured Skull	
Due to	
Due to	
Other Conditions Broad bruise of abdomen Compound Comminuted fract. Left leg	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 27/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4 - 1 - 42 at 10.45 P.M
(c) Where did injury occur? Baltimore (City or town) 4810 Belair Road (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Ridden from a truck by automobile

23. Signature Howard J. Sheldon M.D. Medical Examiner.
Date signed 4 - 2 - 42

VS 6

90824
412196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 90824
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N GAY (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Alston (THOMAS) HAS ALWAYS LIVED WITH HER GRANDMOTHER ALSTON. USED THIS AS HER LAST HOME

MEDICAL CERTIFICATION

3 (b) If veteran, name war | 3 (c) Social Security Account No.

20. DATE OF DEATH MAR-31 1942 at 635-A M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	BLACK	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to MAR 31 1942 and that I last saw h.e.r alive on MAR 31 1942.

Immediate cause of death Miliary Tuberculosis
OMS

Duration ?4 MO.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: MILIARY TUBERCULOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

7. Birth date of deceased (mo., day, yr.) 8-29-28

8. AGE: Years 13 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William Thomas
13. Birthplace S.C.

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-1942 (month) (day) (year)
(c) Cemetery or crematory Int Calvary Cem
Location A.A. Co Md

18 (a) Funeral director Robt E Williams
(b) Address 1515 McCulloh St

APR 2 1942 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Dunlap

Address Johns Hopkins Hospital Baltimore, Md. Date signed 3/31/42

VS 2

90825 ONLY ✓ F 90825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 177 Brookdale Rd
(c) Hospital or institution ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 177 Brookdale Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lora Riley

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John T. Riley
6 (c) If alive, give age 68 years

7. Birth date of deceased (Month, day, year) April 19, 1880

8. AGE: Years	Months	Days	If less than one day
61 Yr	11	12	hr. min.

9. Birthplace Gettysburg, Pa
(Town, county, state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Isaac Curtis
13. Birthplace Va. Virginia

MOTHER
14. Maiden name Charlotte Bonaker
15. Birthplace Frederick Co. Md.

16 (a) Informant John T. Riley
(b) Address Boyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-1942 (Month) (day) (year)
(c) Cemetery or crematory Gettysburg
Location

18 (a) Funeral director Robert E. Williams
(b) Address 1575 N. Eden St

19 (a) APR 2 — 1942 Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31/42 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16/42 to 3/31/42, and that I last saw deceased alive on 3/31/42.

Immediate cause of death	Duration
(a) Cardiac Heart Disease	Probable
Due to Anemia Pernicious	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis M. D.
Address 324 Mosher St Date signed 4/2/42

VS 3

F 90826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No. F 90826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 S. Monastery Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 S. Monastery Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand Braun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Amalia Braun
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febr. 9 - 1862

8. AGE: Years	Months	Days	If less than one day
80	1	23 22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Iron Moulder
11. Industry or business Stoves

FATHER
12. Name John Braun
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Happel
15. Birthplace Germany

16 (a) Informant Theresa Braun
(b) Address 2022 Monastery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1942 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Hark Sons
(b) Address 115 E. Mt. St. Huntingtown Williams, M.D.

APR 2 - 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1942 at 5.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to April 1 1942 and that I last saw ~~deceased~~ alive on 3/30 1942

Immediate cause of death

	Duration
Cirhosis of Liver	over
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Crawthorn, M.D.
Address 4709 Fred. Ave. Date signed 4/2/42

VS 1

F 908[illegible] BALTIMORE CITY HEALTH DEPARTMENT 151 F 20827 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Pridgen (Barbara Ann) (Birth. F46509)

3 (b) If veteran, name war: 10

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 16 1942

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George E. Pridgeon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Agnes Barg
15. Birthplace Germany

16 (a) Informant Mrs Agnes Pridgeon
(b) Address 803 N. Washington St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St.

19 Date rec'd by Reg. APR 3 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 2 1942, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942, to Apr 2 1942, and that I last saw her alive on Apr 2 1942.

Immediate cause of death: Congenital Ht. Disease — Duration: -

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Cohen
Address Sinai Hosp. Date signed 3/7/47

VS 3

F 90828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 90828
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave.
(c) Hospital or institution: EDGEWOOD NURSING HOME 12 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. 26th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Adeline Wallace

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 1102

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Nathaniel T. Wallace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1854

8. AGE: Years	Months	Days	If less than one day
87	5	14	hr. min.

9. Birthplace Seaford Delaware
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business Self

FATHER
12. Name Thomas Sullivan
13. Birthplace Del.

MOTHER
14. Maiden Name V. Hitchens
15. Birthplace Del.

16 (a) Informant Elsie V. Smith
(b) Address 10 E. 26th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (d) Filed APR 8 1942 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/42 19 , at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1942 to 4/2 1942 and that I last saw h[illegible] alive on 4/2/42 19 .

Immediate cause of death: Cardio Vascular disease (Hypertension)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
15+ yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H W Hinton M.D.
Address 4309 York Rd Date signed 4/2/42

Jowett

F 90829 | BALTIMORE CITY HEALTH DEPARTMENT | F 90829

CERTIFICATE OF DEATH

837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Hayward Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 18
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3626 Hayward Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Broughton Jowett

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-4905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Elizabeth Jowett
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15th 1880

8. AGE: Years	Months	Days	If less than one day
61	9	17	___ hr. ___ min.

9. Birthplace Bradford England (Town, county, and state)
10. Usual Occupation Asst Manager
11. Industry or business Longfellow Hotel

FATHER
12. Name John Jowett
13. Birthplace England

MOTHER
14. Maiden Name Jane Wordley
15. Birthplace England

16 (a) Informant Elizabeth Jowett
(b) Address 3626 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Croft
(b) Address 1217 St. Paul St

19 (a) APR 3 – 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1942 to Apl 2 1942, and that I last saw him alive on Apl 2 1942

Immediate cause of death Hemiplegia — Duration 3 wks
Due to Sclerosis —
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Jefferson M. D.
Address 5614 Garrison Blvd Date signed 4/2/42

VS 3

F 90830

M.M (72380)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

F 90830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara J. Wynn

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1872

8. AGE: Years	Months	Days	If less than one day
69	8	12	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Knotts
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Fanny Reel
15. Birthplace Frederick, Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or Crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 (a) Filed APR 3 1942 (b) Registrar's signature Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1942 (Month) (Day) (Year) 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1942 to 4-2 1942, and that I last saw her alive on 4-2 1942

Immediate cause of death: Coronary Occlusion ? — Duration: Years

Due to: Cerebroma of Cervix — Months

Due to: with metastases — Days

Other Conditions: Hypertensive C.V. Disease — 7 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald R. Nett, M.D.
Address Balto City Hosp. Date signed 4-2-42

VS 1

F 90831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3224 Avon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Avon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Caleb Staats

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Addie M Staats
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1860

8. AGE: Years	Months	Days	If less than one day
82	1	24	hr. min.

9. Birthplace Cecil Co. Md (Town, county, and state)
10. Usual Occupation Grocer Retired
11. Industry or business

FATHER
12. Name James Staats
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Cecil Co Md

16 (a) Informant Harvey C. Staats
(b) Address 6030 Georgia Ave

17 (a) Burial (Burial, ~~permit~~ or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Bethesda M.E. Church
Location Middletown Del

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) Embalmer Huntington Williams MD (b) Registered number

APR 3 - 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1942, to March 31 1942, and that I last saw him alive on March 31 1942.

	Duration
Immediate cause of death: Coronary Thrombosis	15 Min.
Due to Acute Cerebral Hypertension	1 Hr.
Due to Chronic Interstitial Nephritis	1 Yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Fa Stevens M. D.
Address 2878 Hanford Rd Date signed 4-1-42

F 90832 72059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. & No. no home (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles William Sheets (Albert Sheets) 72059

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1877

8. AGE: Years	Months	Days	If less than one day
64	6	26	hr. min.

9. Birthplace West Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Charles Sheets
13. Birthplace West Va.

MOTHER
14. Maiden Name Lucinda Shoebridge
15. Birthplace W. Va.

16 (a) Informant hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Martinsburg W. Va

18 (a) Funeral director Forney Byers
(b) Address 5005 York Rd Govanstown Md

19 Date received APR 3 1942 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1 1942, at 10:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1942 to Apr. 1 1942, and that I last saw him alive on Apr. 1 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Queeney M. D.
Address Baltimore City Hospitals Date signed 4/2/42

VS 1

F 90833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 90833

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 N. Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy Sedgwick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 225-14-0778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Grafton Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fred Sedgwick
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Royal
15. Birthplace Va.

16 (a) Informant Mrs Catherine Shields
(b) Address 1238 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)
(c) Cemetery or crematory
Location Old Point Comport, Va.

18 (a) Funeral director Mrs Frances A. Wemsley
(b) Address 578 W. Biddle St.

19 Filed APR 3 1942 Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1942, at 9:42 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death
Syphilitic Aortitis
Due to
Due to
Other Conditions Coronary Disease Aortic Insufficiency
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 4-2-42

F 90834 JN 72626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 90834 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S. Bond St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry V. Cramblitt

3 (b) If veteran, name war No?

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary (B)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 3, 1858

8. AGE: Years 84 | Months 0 | Days 28 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Pension

11. Industry or business:

FATHER
12. Name: Tom Cramblitt
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary ~~Shipley~~ Schmidt
15. Birthplace: Maryland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof apr 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director Mr. Wm. John W. Tiefel-Son
(b) Address 601 W. Lafayette St

APR 3 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

28. DATE OF DEATH April 1 1942, at 10 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942, to 4/1 1942, and that I last saw h. alive on 4/1 1942.

Immediate cause of death: Bronchopneumonia — Duration: 7

Due to:

Due to:

Other Conditions: Fractured femur r.s.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 17 1942 at 8 P.M.
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down steps.

23. Signature Howard J. Andersen M.D.
Address Baltimore City Hospitals Date signed 4/2 1942

F 90835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90835

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Sandy Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Macy

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-3118

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Isabelle Stinson Macy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1904

8. AGE: Years 38 | Months 2 | Days 109 | If less than one day hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name William D. Macy
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Effie Hammond
15. Birthplace New Market, Fred. Co. Md.

16 (a) Informant Mrs C. H. Macy
(b) Address Glenwood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem.
Location Glenwood Howard Co. Md.

18 (a) Funeral director Easton Sons,
(b) Address Ellicott City, Md.

19 APR 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1942, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Respiratory Paralysis	
Due to Crushed Cervical Cord (Effusion).	
Due to	
Other Conditions Fractured 5-6-7th Cervical Vertebrae & 1st Thoracic Vertebra (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Yes, University Hospital

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb-10-42 at 8 P M
(c) Where did injury occur? Road, near Sandy Spring Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Crushed Cervical Cord - Struck by Car on Road
23. Signature Howard J. Woodward M.D. Medical Examiner.
Date signed 4-1-42

413486 F 90836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

142-2 F 90836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary May

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-05

8. AGE: Years 36 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation HW

11. Industry or business

FATHER
12. Name Robert Nut
13. Birthplace VA

MOTHER
14. Maiden Name Margaret Simmons
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-42 (month) (day) (year)
(c) Cemetery or crematory
Location Stemmersville Md.

18 (a) Funeral director Geo. H. Kehoe
(b) Address 1303 Presstman St

19 (a) Filed APR 3 1942 (b) Registrar Huntington Mills, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 2 - 1942 at 1001 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 24 1942 to APR 2 1942 and that I last saw her alive on APR 2 1942

Immediate cause of death: Pulmonary Embolism — Duration

Due to: Post operative following Laparotomy for salpinx

Due to: Pregnancy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-25-42

Major findings of operation: Ruptured ectopic pregnancy

of autopsy: Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Drummond Eaton M. D.
Address Johns Hopkins Date signed 4-2-42

F 90837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

F 90837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1446 Carey
(c) Hospital or institution: (At Johns Hopkins H 11-days)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1446 W Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addison Goldman

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 217-03-6223

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1897

8. AGE: Years	Months	Days	If less than one day
44	9	16	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Beverly Goldman
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Goldman
(b) Address 1446 W. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. D. Kelson
(b) Address 1393 Presstman St

19 (a) APR 3 – 1942 (Local registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1942, at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1942, to 4/1 – 1942, and that I last saw him alive on 4/1 1942.

Immediate cause of death Carcinoma of Pancreas — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.
Address Date signed

F 90838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 64-a

F 90838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2114 Callow St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 N. Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE L. HORN

3 (b) If veteran, name war V

3 (c) Social Security Account No. 217-16-3862

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1876

8. AGE: Years 65 Months 4 Days 10 11 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Adjustor, General Casualty Co.

11. Industry or business

FATHER 12. Name George L. Horn

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Margaret E. Black

15. Birthplace Balto. Md.

16 (a) Informant Margaret K. Horn

(b) Address 1629 N. Hilton Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4, 42 (month, day, year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave

18 (a) Funeral director John C. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) Date received 1942 (b) Huntington Williams, M.D. Registrar

APR 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions ha

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ha

of autopsy: ha

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 4-2-42

F 90839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90839 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 Guilford Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Guilford Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida M. Hales Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife William E. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	2 1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Henry Tharle
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Jenkins
15. Birthplace Md.

16 (a) Informant Wm. E. Jenkins
(b) Address 2527 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral ~~director~~ John Oswald Sollers
(b) Address 1900 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) APR 3 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1932 to April 1 1942
and that I last saw her alive on May 31 1942

Immediate cause of death	Duration
Myocarditis	10 years
Due to Arterio Sclerosis	?
Due to Hypertension	10 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wetherbee Fort M. D.
Address 20 E. Preston St. Date signed

F 90840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90840 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 458 E. Cross st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 458 E Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Haas Elva V Haas

3 (b) If veteran, name war —
3 (c) Social Security Account No. NAF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	0	10		

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James D Cooke
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden Name Mary A McKenrick
15. Birthplace Md

16 (a) Informant James D Cooke
(b) Address 458 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/42 (mo.) (day) (yr.)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilmore & Co
(b) Address 1214 Eutaw St

Huntington Williams (b) (Signature of Registrar) Huntington Williams, M.D.

APR 3 - 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 3:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. (Medical Examiner)
Date signed 4/1/42

F 90841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

F 90841 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Karl Ushlander

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) June 21, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	10	hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation City Employment-Retired

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace

16 (a) Informant Ida Parrott-Daughter

(b) Address 634 N. Kenwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave.,

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison Street.

19 (a) APR 3 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1942, at 12 Noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Acute Pulmonary Edema

Due to Hypertrophy & Dilatation of Heart

Due to

Other Conditions Bronchopneumonia, chronic

Edema & Congestion of Brain

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Ullendahl M.D. Medical Examiner.

Date signed 4-1-42

F 90842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-G

F 90842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E Martin St. (If rural give location) Mathew St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Dorsey (Birth F 45455)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1902

8. AGE: Years | Months | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Preston Dorsey
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Mabel Hanson
15. Birthplace: Baltimore

16 (a) Informant: Mabel Dorsey
(b) Address: 300 E Martin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore Md.

18 (a) Funeral director: E. B. Wippert & Son
(b) Address: 1300 Ontario St

19 APR 3 1942 Filed for Record [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1942 to April 2 1942; and that I last saw h[illegible] alive on April 2 1942.

Immediate cause of death: Atelectasis, pulmonary — Duration: 22 days
Due to: Prematurity
Due to:
Other Conditions: Cleft palate, umbilical hernia, club foot possible
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Isabella Hanson
Address: Church Home & Infirmary Date signed 4-3-42 M. D.

VS 8

F 90843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 90843

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3801 Beechlew Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ M.

2. USUAL RESIDENCE OF DECEASED
(a) State Virginia (County)
(c) City or town Terra Alta
(If outside city or town limits, write RURAL and give town)
(d) Street No. Terra Alta
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Bennett

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice Freeland
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov. 19-1866

8. AGE: Years 75 | Months 4 | Days 13 | If less than one day — hr. — min.

9. Birthplace Boston, Mass.
(Town, county, and state)

10. Usual Occupation Paper Mill Foreman
11. Industry or business Paper Mill

FATHER 12. Name William F. Bennett
13. Birthplace Mass.

MOTHER 14. Maiden Name Mahoney
15. Birthplace Mass.

16 (a) Informant Richard Bennett (Son)
(b) Address 3801 Beechlew Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory Terra Alta
Location Terra Alta W. Virginia

18 (a) Funeral director T. B. Wiggins & Son
(b) Address 900 Carew Place

19 (a) [illegible] (b) Huntington, W. Va. Registrar

APR 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to April 2 1942, and that I last saw him alive on April 2 1942.

Immediate cause of death: Coronary Thrombosis — Duration 1 week.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin
Address 4818 Resterstown Rd Date signed 4/3/42 M. D.

Dr Manuel Levin — 4818.

F 90844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90844 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL (Incorporate town))
(d) Street No. 643 Hanover St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Virginia Sprutson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F 1 | 5. Color or race C 1 | 6 (a) Single, married, widowed, or divorced Widowed 1

6 (b) Name of husband or wife John H. Frank Sr.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 — 1869

8. AGE: Years 72 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Harford Co. Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Coleman
13. Birthplace Md

MOTHER
14. Maiden Name Harriet Coleman
15. Birthplace Md

16 (a) Informant Estelle Smith
(b) Address 643 Hanover St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 4 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore

18 (a) Funeral director Walter B. Prigg & Co
(b) Address 139 W. Lanvale St.

19 (a) [illegible] Registrar Huntington Mill Cemetery
Apr 8 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1942 at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1942 to Mar 31 1942 and that I last saw her alive on Mar 30 1942

Immediate cause of death: Chronic Myocarditis — Duration 6 mo
Due to unknown
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Gayle M.D.
Address 665 W. Barre Date signed 4/2/42

F 90845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90845

Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. High Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EMMITT HAZEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1894

8. AGE: Years	Months	Days	If less than one day
48	2	5	hr. min.

9. Birthplace Tennessee (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Hazel
13. Birthplace Tennessee

MOTHER
14. Maiden Name Lucy Scales
15. Birthplace Tennessee

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md

18 (a) Funeral director Isaiah R. Brown Son
(b) Address 1018 W Mount Royal Ave

19 (a) Huntington Williams, M.D. Registrar
(Date received by registrar) APR 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1942 at 9:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 12, 1942 to March 31, 1942, and that I last saw him alive on March 31, 1942

Immediate cause of death: Tuberculous meningitis — Duration: 1 month
Due to: Far advanced pulmonary tuberculosis — Duration: Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Arthur M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 4/2/42

VSV

F 90846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 90846 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JESSE BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 32 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Harry Bryant
13. Birthplace Ga.

MOTHER 14. Maiden Name Flora Johnson
15. Birthplace Ga.

16 (a) Informant Dennis Bryant
(b) Address 1326 N. Carey st

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory Toccoa
Location Georgia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 APR 3 - 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1942, at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage — Duration

Due to Pulmonary tuberculosis

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wollenweber M.D.
Medical Examiner.

Date signed 3-28-42

F 90847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 90847

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 859 Hollins St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 859 Hollins St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry E. Smith

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1906

8. AGE: Years	Months	Days	If less than one day
35	7	4	hr. min.

9. Birthplace New York City, N.Y. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER

12. Name Joseph Sanserino

13. Birthplace Italy

MOTHER

14. Maiden Name Katherine Nastorano

15. Birthplace Italy

16 (a) Informant Mr. Harry E. Smith

(b) Address 859 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge Mem. Park Location Washington Blvd.

18 (a) Funeral director Joseph J. Conaty & Son

(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 3 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to April 1 1942, and that I last saw h[illegible] alive on April 1 1942

Immediate cause of death: Malignant Sarcoma of Breast & Metastasis — Duration: 9 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Breast Tumor — Malignant Sarcoma

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury

23. Signature Chester J. Lobinski M.D.

Address 5317 Raymath Rd Date signed 4-2-42

F 90848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 90848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leavie Evelyn McGraw

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Benj. F. McGraw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 6, 1883

8. AGE: Years	Months	Days	If less than one day
58	5	25	hr. min.

9. Birthplace: Alberton Maryland (Town, county and state)
10. Usual Occupation: Housework
11. Industry or business: Unknown

FATHER
12. Name: Lewis N. Powell
13. Birthplace: Va.

MOTHER
14. Maiden Name: Amelia Tracy
15. Birthplace: Allington Md.

16 (a) Informant: Mildred Powell
(b) Address: 2803 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-4-42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Ave

18 (a) Funeral director: Engelhart, Inc.
(b) Address: 414 N. Fremont Baltimore Md.

APR 4 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, at 3:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Apr. 1, 1942 and that I last saw h[illegible] alive on Apr. 1 1942.

Immediate cause of death: Carcinoma of Cervix Uteri — Duration: 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Clarence Robertson M. D.
Address: 833 Forrest Park Ave Date signed: 4/3/42

VS 3

PRINT WITH TYPEWRITER, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

F 90849

Reg. Dist. No.

1. PLACE OF DEATH: Baltimore City
County Baltimore City
City or town (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 403 Edgevale Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Kent
City or town Chestertown Ward No.
Street address (If outside city or town limits, write RURAL NEAR and give town)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Reece Corey

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edward A. Corey
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1865

8. AGE: Years 76 | Months 11 | Days 5 | If less than one day hrs. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John P. Reese
13. Birthplace Delaware

MOTHER
14. Maiden name Mary Adelaide Stratton
15. Birthplace New Jersey

16. Informant H. B. Lankford
Address 403 Edgevale Rd. Baltimore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 5 1942 (month) (day) (year)
Cemetery or crematory St. Paul Cemetery
Location Near Chestertown Md.

18. Funeral director J. Willis Wells
Address Chestertown, Md.

19. APR 4 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3 19 42

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Apr. 1 1942 to Apr. 3 1942 and that I last saw h alive on Apr. 3 1942

Immediate cause of death Cerebral Apoplexy DURATION 3 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

01 operations

01 autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured by

23. SIGNATURE Harry E. Nelson M. D.

Address 3 W. St. Dale Date signed 4-3-42

F 90850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 E. 33d Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. 33d St. (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mary Carr Shepp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George Calvin Shepp
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1855

8. AGE: Years 87 | Months 1 | Days 21 | If less than one day ---hr. ---min.

9. Birthplace: York County, Pennsylvania (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: ----

FATHER
12. Name: Jeremiah Carr
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Not obtainable
15. Birthplace: Not obtainable

16 (a) Informant: Mrs. Lorene Mattingly
(b) Address: 308 E. 33d Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory: St. Patrick's
Location: York, Pa.

18 (a) Funeral director: H. W. Mears & Son
(b) Address: 805 N. Calvert Street

19 (a) APR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, at 830 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1942, to 4-1 1942, and that I last saw h[illegible] alive on 4-1 1942.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philip A. Lyon, M. D.
Address 423 E. North Ave. Date signed 4-3-42

VS 3

90851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-c

Registered No. F 90851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 N. Broadway. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDNA R. MARGULES.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13th. 1916.

8. AGE: Years 25 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Wichita, Kansas. (Town, county, and state)

10. Usual Occupation Medical Student.

11. Industry or business Johns Hopkins Med. School.

FATHER
12. Name Samuel Margules.
13. Birthplace Austria.

MOTHER
14. Maiden Name Esther Jallman.
15. Birthplace Austria.

16 (a) Informant Mr. Samuel Margules.
(b) Address Providence, R.I.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/3/42. (month) (day) (year)
(c) Cemetery or crematory ?
Location Providence, R. I.

18 (a) Funeral director Harris Goodman & Son.
(b) Address 1902 Eutaw Place.

19 (a) Filed by registrar Huntington Williams, M.D. (b) APR 4 - 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd, 1942, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation

Due to Ether anesthesia for tonsillectomy

Due to

Other Conditions chronic tonsillitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-2-42
(c) Where did injury occur? Johns Hopkins Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Public While at work? No
(e) Means of injury ether anesthesia

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 4-2-42

90852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-41 Registered No. F 90852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Pennsa Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Pennsa Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond J Phoadro

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2700

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Married

6 (b) Name of husband or wife Ethel M Phoadro 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 26 1905

8. AGE: Years	Months	Days	If less than one day
37	0	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Both Helper

11. Industry or business

FATHER 12. Name Wm Phoadro

13. Birthplace Maryland

MOTHER 14. Maiden Name Emilie F Phoadro

15. Birthplace Maryland

16 (a) Informant Mrs Raymond J Phoadro

(b) Address 1810 Pennsa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Geo A Embry

(b) Address Irvington Baltimore Md

19 (a) Filed APR 7 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1942, at 4:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1941 to April 2 1942 and that I last saw h/M alive on April 2 1942

Immediate cause of death: Hypertension, Cerebro-Vascular

Due to Renal Disease — Duration: 9 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.

Address 3903 Greenmount Ave Date signed April 3

VS 1

90853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 90853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Forgans Falls Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Forgans Falls Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George R. Babylon

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-1522

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Margaret Rose Babylon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30th 1878

8. AGE: Years	Months	Days	If less than one day
63	8	12	hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation Bonding
11. Industry or business Own Business

FATHER
12. Name Mordecai Babylon
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Stones
15. Birthplace Md.

16 (a) Informant T. Francis Rose
(b) Address Westminster Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster
Location Md

18 (a) Funeral director Patterson Rose
(b) Address Westminster Md

19 (a) APR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1942 at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1941 to April 1 1942 and that I last saw him alive on April 1 1942

Immediate cause of death	Duration
Cerebral hemorrhage + paralysis	4 days
Due to arterio-sclerosis + Hypertension	?
Due to	
Other Conditions Arterio-sclerosis	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Walter S. Tuttle M. D.
Address 2220 Harrison Blvd. Date signed Apr. 3/42

VS 8

Warning: Any person who knowingly makes any false statement in a certificate or who knowingly supplies false information for the certificate, or who knowingly conceals information concerning the death, commits a misdemeanor and is subject to a fine of not more than $500 or imprisonment for not more than one year or both. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3916 Milford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 Milford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard D. Stephens

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-12-6983

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~ ~~divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ wife Mary C. Stephens
6 (c) If ~~dead~~, give age years
7. Birth date of deceased (mo., day, yr.) Sept 30-1871

8. AGE: Years	Months	Days	If less than one day
70	6	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Painting

FATHER
12. Name David N. Stephens
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael Disney
15. Birthplace Md.

16 (a) Informant Mary C. Stephens
(b) Address 3916 Milford ave

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Good Shepherd
Location Towsontown, Howard Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 APR 4-1942 Registered by ~~registrar~~ Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1942 9:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1939 to April 1 1942 and that I last saw ~~him~~ her alive on April 1 1942

Immediate cause of death: Acute Cardiac dilatation — Duration 1 day
Due to Myocardial Insufficiency — "
Due to Hypertension Arteriosclerosis — Duration Unknown
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Huntington Williams M.D.
Address 850 W 36 St Date signed April 2 1942

Please write plainly with pen and ink. Every item of information known be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

90855 MA5267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

Registered No. F 90855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 E. Baltimore Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Konig

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-09-1997

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Delores
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 12, 1912
8. AGE: Years: 29 Months: 10 Days: 21 If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Commercial Artist
11. Industry or business: Unemployed

FATHER
12. Name: William Konig
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Lillian Baker
15. Birthplace: Maryland

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Bath
Location Md.

18 (a) Funeral director: Wareham Cook
(b) Address 347 St. Paul St.

19 APR 4 - 1942 (Date rec'd by registrar) (b) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to April 3 1942, and that I last saw him alive on April 3 1942.

Immediate cause of death: Empyema — Duration: 17 months
Due to: Pulmonary Tuberculosis — 4 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 4/4/42 M. D.

VS 3

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90856

MX (63466)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5

3 (a) FULL NAME
William Kitchen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, (Married) widowed, or divorced.
Male	Color	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39	?	?	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Annie ?
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5/1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Watson
(b) Address 1[illegible] Broadway Ave

19 (a) [illegible] (b) Huntington Williams M.D. Registrar
(Filled in and signed by registrar)

APR 4-[illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1942 at 11 1/2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1941, to 4-2 1942 and that I last saw h[illegible] alive on 4-2 1942.

Immediate cause of death [illegible] Cardiac failure — Duration ? / ?

Due to Hypertensive C.V. disease — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-3-42

Print or write with typewriter, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90857

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Orems Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Harry Porter (PORTER)

3 (b) If veteran, name war: 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma L. Porter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1890

8. AGE: Years 51 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county and state)

10. Usual Occupation Carpenter
11. Industry or business Dwelling Const.

FATHER
12. Name Mercer P. Porter
13. Birthplace Baltimore Co. Maryland

MOTHER
14. Maiden Name Adeline Carr
15. Birthplace Harford Co. Maryland

16 (a) Informant Mrs. Harry Porter
(b) Address Orems Road Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6th 1942 (month) (day) (year)

(c) Cemetery or crematory Orems
Location Middle River Maryland

18 (a) Funeral director Lowman Funeral Home
(b) Address 7401 Belair Road

19 (a) Filed APR 4 – 1942 (b) Registrar Huntington Hill, Middle River, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1942 to 4/3 1942 and that I last saw him alive on 4/3 1942

Immediate cause of death: Pulmonary Edema — Duration: —
Due to: Arteriosclerotic Cardiovascular disease — Duration: —
Due to: — Duration: —
Other Conditions: Brain tumor — Duration: over
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Brehe
Address Md. General Hosp. Date signed 4/3/42

F 90858 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 90858 1 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4915 Toon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4915 Toon St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kordela

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 41

8. AGE: Years | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Blazej Kordela
13. Birthplace Poland

MOTHER 14. Maiden Name Gertrude Kriss
15. Birthplace Baltimore

16 (a) Informant Gertrude Kordela
(b) Address 4915 Toon St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 Filed APR 4 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 19 42 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 19 42 to April 3 19 42 and that I last saw h.r alive on April 3 19 42

Immediate cause Death Acute Br. Pneumonia — Duration 3 days

Due to Lowered resistance due to morbid peripheral anemia — 7

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Paul J. Sanyko M. D.
Address 7002 S. Rolfe Date signed 4/4/42

F 90859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 90859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES DECOURSEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1858

8. AGE: Years	Months	Days	If less than one day
83	5	10	hr. min.

9. Birthplace Elliott City Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Mrs Frances P. Heguly
(b) Address 578 N. Bridle St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

APR 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1942 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to April 1942 and that I last saw him alive on 4-2- 1942

Immediate cause of death: Suppurative Nephritis — Duration 1 mo
Due to: Diabetes Mellitus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. H. Maguire M. D.
Address 14 E. Read St Date signed 4-3-42

Vernon 2689

F 90860

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90860

CERTIFICATE OF DEATH

93-D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Glenn Ave. St. 27-20 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Horn. (GEORGE EDWARD HORN)

(a) RESIDENCE No. 3200 Glenn Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Louise Horn

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer-retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry J. Horn-deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Ellen Gross-dec

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant Miss Hazel M. Horn (Daughter)

(Address) 3200 Glen Ave.

15 APR 4—1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 1. 1942

17

I HEREBY CERTIFY, That I attended deceased from June 16, 19 31, to Apr 1, 19 42

that I last saw h-- alive on Apr 1, 19 42

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Arteria - sclerosis

Arteria - sclerosis heart disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Palmer F. C. Williams M. D.

4/1 19 42 (Address) Pikesville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burial in Greenmount Cem. DATE OF BURIAL Apr. 4 19 42

20 UNDERTAKER HENRY SANDER & SONS, INC. North Ave & Broadway. ADDRESS Lay't Md.

TION IF Very important. See instructions on back of certificate.

F 90861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 90861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George McClelland GEORGE H. McCLELLAND

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 705-03-8930

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1889

8. AGE: Years	Months	Days	If less than one day
53	0	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk - Car Device
11. Industry or business B & O Railroad Co.

FATHER
12. Name George W. McClelland
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie V. Snyder
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Carrie McClelland
(b) Address 2830 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) DD A - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 32

20. DATE OF DEATH April 2 1942 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942 to April 2 1942 and that I last saw h[illegible] alive on April 2 1942.

Immediate cause of death: Peritonitis. Diverticulum

Due to: Ruptured Intestine

Due to:

Other Conditions:

(Include pregnancy within 3 months of death) 1942

Date of operation April 2 1942

Major findings of operation: Peritonitis

of autopsy:

Duration: 6 days over 6

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Vogel, Jr. M.D.
Address St. Joseph's Hosp. Date signed 4/7/42

VS 3

F 90862

F 90862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2443 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2443 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA E. KIDWELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. 00

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1861

8. AGE: Years 81 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace Alexandria V.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alfred Kidwell
13. Birthplace Va

MOTHER
14. Maiden Name Gray
15. Birthplace Va

16 (a) Informant Miss Pauline Shinn
(b) Address 2443 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves.

19 (a) APR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1942 at 8:40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from March 19 42 to April 2 1942 and that I last saw h[illegible] alive on April 1 1942

Immediate cause of death: Bronchial Pneumonia — Duration 24 hrs
Due to: Influenza — 48 hrs
Due to: age
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed Apr 3 '42

VS 3

BRIZENDINE

F 90863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90863

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5215 Linda Heights (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Brizendini

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0456

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Bessie Mae Brezendine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1890

8. AGE: Years	Months	Days	If less than one day
52	0	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Street car operator
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Philip Brizendini
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie Harmon
15. Birthplace Virginia

16 (a) Informant Mrs. Austin Brezendine
(b) Address 3009 Bonner Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)
(c) Cemetery or crematory Linden Hall
Location Oceana, Virginia

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 (a) (b) Registrar

APR 4 1942

Harrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/ 1942, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1942 to 4/3 1942, and that I last saw h[illegible] alive on 4/3 1942.

Immediate cause of death: Acute nephritis — Duration: over

Due to

Due to

Other Conditions Uremia, Hypertension (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Acute Nephritis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Bagwell, M.D.

Address [illegible] Date signed 4/4/42

F 90864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 90864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Pt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 D St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Eliza Jordan

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas Martin Jordan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1867

8. AGE: Years 74 yrs | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Rev. Wm. Leib
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Eliza Jean Allen
15. Birthplace Md.

16 (a) Informant Mrs. E. [illegible] Roberts
(b) Address 902 D. St., Sparrows Point

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Center Presb.
Location Newpark, Pa.

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 (a) ADD A - 1942 (Make no entry registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/42 19 , at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26/42 19 to 4/3/42 19 ; and that I last saw h alive on 4/3/42 19 .

Immediate cause of death: Congestive Ht. failure — 2 mo.
Due to: Arteriosclerotic Ht. disease
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Commander, M.D.
Address Church Home & Infirmary Date signed 4/8/42

VS 3

F 90865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

F 90865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. Male	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 13 1857

8. AGE: Years	Months	Days	If less than one day
85	0	19	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name Rev Samuel P. Johnson
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Hoffman
15. Birthplace Balto

16 (a) Informant Mrs Charles W Johnson
(b) Address 232 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marach
(b) 1 Light St

APR 4 - 1942

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942, at 11:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 42 to April 4 1942 and that I last saw h alive on April 4 1942

Immediate cause of death Uremia — Duration 5 days

Due to Chronic nephritis

Due to Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 1225 St Paul St Date signed 4/5/42

VS 3

90866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90866

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 817 Hamilton Terrace (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lucinda M. Peltekian

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Dr. H.K. Peltekian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1865

8. AGE: Years	Months	Days	If less than one day
76	8	10 14	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name William Stone
13. Birthplace Md

MOTHER
14. Maiden Name Marilla
15. Birthplace Md

16 (a) Informant Dr. H.K. Peltekian
(b) Address 817 Hamilton Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem
Location Westminster Md

18 (a) Funeral director William M Marsch
(b) 2115 Li[illegible] St

19 (a) APR 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1942 at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 4-2 1942 and that I last saw h[illegible] alive on 4-2 1942

Immediate Cause of death: Cerebral Hemorrhage — Duration

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longfellow M.D.
Address Md. Gen. Hosp Date signed 4/2/42

VS 3

Correct age is especially important. Physician: please write the number of years and months legibly.

F 90867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117

F 90867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Hospital DTH
(d) Length of stay in hospital or inst. (yrs., mos., or days) DTH
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Glen Burnie (If outside city limits, write RURAL, and give town)
(d) Street No. 422 Old Annapolis Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Morgan, Sr

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Grace A. Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1878

8. AGE: Years	Months	Days	If less than one day
63	3	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Marine Engineer
11. Industry or business

FATHER
12. Name Charles E. Morgan
13. Birthplace Cecil County Md.

MOTHER
14. Maiden Name Laura V. Hella
15. Birthplace Washington, D.C.

16 (a) Informant Grace A. Morgan
(b) Address 422 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Avenue

18 (a) Funeral director William M Meech
(b) Address 715 Lazell St

19 (a) APR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942, at 10:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Gastric ulcer — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William M Meech M.D. Medical Examiner
Date signed 4/3/42

VS 6

F 90868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 90868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) [illegible] 2[illegible] W. Diamond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~
Male	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1879

8. AGE Years	Months	Days	If less than one day hr.	min.
62	9	25		

9. Birthplace Danville, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Louise Howard
(b) Address 2625 3rd St. N.E. Wash, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Payne Cemetery
Location Washington, D. C.

18 (a) Funeral director Robinson and Company
(b) Address 1342 4th St. N.W. Wash. D.C.

19 APR 4 — 1942 (Date rec'd by Registrar) (b) Huntington Mills [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942 at 4:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/1/42

VS 6

F 90869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 C

F 90869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Sterling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Sterling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Nellie Elizabeth Soares (Williams) (Silver)
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Joseph Soares
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) January 23, 1889
8. AGE: Years 53 | Months 2 | Days 9 | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Unknown

16 (a) Informant Joseph Soares
(b) Address 615 N. Sterling St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.
19 (a) Filed APR 4 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942 at 1.50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to April 2 1942 and that I last saw her alive on April 2 1942.

Immediate cause of death
Carcinoma Lung (Primary)
Due to Carcinoma Thyroid gland
Due to
Other Conditions Irreparable, Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Carcinoma Thyroid Metastasis to Lung

Duration Probably 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph L. Young
Address 1429 Monument St Date signed 4/5/42

VS 1

F 90870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90870 Registered No.

Physicians: please write the causes of death clearly and legibly. This is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W. North Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Cardwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER
12. Name Jackson Cardwell.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Martha Meanell
15. Birthplace Frederick Co. Md.

16 (a) Informant Miss Ella Cardwell.
(b) Address 102 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Mary J. Kirchofer
(b) Address 521 East 22nd St.

19 (a) APR 4 — 1942 (Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1/42, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1942, to 4-1 1942, and that I last saw h er alive on 4-1 1942.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease

Duration
4 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip S. Lyon, M.D. M. D.
Address 403 E. North Ave Date signed 4-2-42

VS 3

F 90871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124

F 90871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 N. Charles street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 N. Charles street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN L. FITZSIMONS

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 213-16-9128

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Iselene Leiter FitzSimons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1883

8. AGE: Years 58 Months 10 Days 8 18 If less than one day hr. min.

9. Birthplace Evansville, Indiana (Town, county, and state)

10. Usual Occupation President American

11. Industry or business Brewery

FATHER
12. Name Charles FitzSimons
13. Birthplace Evansville, Indiana

MOTHER
14. Maiden Name Anna Laughlin
15. Birthplace Ireland

16 (a) Informant Mrs. Iselene FitzSimons
(b) Address 3908 N. Charles street

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Chas. J. Egerton & Son
(b) Address 11 E. Mt. Royal Ave.

19 (a) APR 4 - 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942 at 11:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1941 to 4-2 1942, and that I last saw h.[illegible] alive on 4-2 1942

Immediate cause of death CIRRHOSIS OF LIVER — Duration 4(?) YRS

Due to — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Dorsey M. D.
Address 1124 St. Paul St. Date signed 4-3-42

VS 3

F 90872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A F 90872

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 744 E. Preston street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 744 E. Preston street (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE L. FEEHAN

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife John T. Feehan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 28 1863
8. AGE: Years 78 | Months 9 | Days 4 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Wilcox
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebecca C. Woon
15. Birthplace Balto. Md.

16 (a) Informant Mr. Paul Feehan
(b) Address 744 E. Preston street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location
18 (a) Funeral director Jos. L. Egan - Sons
(b) Address 1125 Mt. Royal Ave
19 (a) APR 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2 1942, at 9 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to April 2 1942, and that I last saw her alive on April 2 1942.
Immediate cause of death
Arteriosclerotic Cardio-Vascular Renal Disease
Due to
Due to
Other Conditions Bladder Stone. Enlarged Uterus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph L. Egan
Address 1126 E. Preston St. Date signed 4/5/42 M.D.

F 90873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90873

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dunkeland & Rayner
(c) Hospital or institution: WBGN.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Helper
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 W 20th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John H. Albers Albers

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 717-07-5842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	married

6 (b) Name of husband or wife: Lydia E. ~~Albers~~ Albers

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 9/1876

8. AGE: Years	Months	Days	If less than one day
66	2	25	24 hr. min.

9. Birthplace Elmira, New York (town, county, and state)

10. Usual Occupation R.R. Baggageman

11. Industry or business P.R.R.

FATHER
12. Name John C. ~~Albers~~ Albers
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant W. S. Albers - Son
(b) Address Willmington Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7/42 (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Wilmington Del.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 (a) APR 4 - 1942 (Registrar's city registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1942 to 4/3 1942 and that I last saw him alive on 4/3 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Hypertension C.V. Disease

Due to Hypertension

Other Conditions Pulmonary Tbc

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary Tbc Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Pearson M. Checkat, M.D.
Address WBGN. Date signed 4/3/42

(over)

VS 8

Physician: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a F 90874

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 E. Preston St. (Ward) 10-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Elsie L. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1217 E. Preston St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

12. If married, widowed or divorced: HUSBAND of (or) WIFE of: Leonard Jones

6. DATE OF BIRTH (month, day, year): March 21, 1912

7. AGE: Years: 30; Months: 0; Days: 10; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

13. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

15. NAME: Walter Dean

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ethel Kruger

14. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Leonard Jones

(Address): 1217 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL: Arbutus M'Cab Date April 4, 1942

19. UNDERTAKER: Mrs. R. A. Elliott Douglas

(Address): 1129 N. Carolina St

20. APR 4 — 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31, 1942

22. I HEREBY CERTIFY, that I attended deceased from March 26 to March 31, 1942

I last saw her alive on March 31, 1942. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Acute endocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) W. J. Coleman M. D.

(Address) 2039 Madison Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 90873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a Registered No. F 90875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 McKewin Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
Street No. 626 McKewin Ave. (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

93

3 (a) FULL NAME William Edward Rankin.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 216-16-3760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: *****
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb. 19. 1921

8. AGE: Years	Months	Days	If less than one day
21	1	14 13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Patrick J. Rankin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Pauline Gilbert
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Patrick Rankin
(b) Address 626 McKewin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John O. Moran.
(b) Address 4201 Greenmount Ave.

19 APR 4 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

I2.25

20. DATE OF DEATH April 2. 1942, at 8m M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19th 1941 to 4/2 1942 and that I last saw h[illegible] alive on 4/2 1942

Immediate cause of death

(a) Staphylococcus Septicemia
Due to Vaginal Pouches Blood culture

(b) Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Sept 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D.T. Lang M.D.
Address 326 Dulaney St. Date signed 4/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90876 Swithgall ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 90876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Jarrymon Falls Pkwy (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Swithgall ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1869
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Chaim Kotzen
13. Birthplace Russia

MOTHER
14. Maiden Name Etel
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-42 (month) (day) (year)
(c) Cemetery or crematory Pikesville Mem Pk
Location Same

18 (a) Funeral director Jos Levi's Sons
(b) Address 1439 E. Balto St.

19 (a) (b) Huntington Williams, M.D. Address Sinai Hospital Date signed April 2, 1942

APR 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1942, at 9:34 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31, 1942, to April 2, 1942, and that I last saw her alive on April 2, 1942

Immediate cause of death: Cardio-Respiratory Failure — Duration
Due to Arteriosclerotic Ht. Disease - Decompensated
Due to
Other Conditions Broncho pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Gerter M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90877

SS 66361 Duplicate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

APR 4 - 1942

Registration No. F 90877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Irene Carrigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1915

8. AGE: Years	Months	Days	If less than one day
26	7	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael Schimberg
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Pauline Rilley
15. Birthplace Baltimore, Maryland

16 (a) Informant B. C. V. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director John L. Miller
(b) Address 2435 E. Oliver St

19 (a) APR 4 - 1942 (Local Registrar's signature) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27, 1941 to 4-3- 1942 and that I last saw her alive on April 3, 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto - City Hosp Date signed 4-4-42

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 90878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 90878

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Ca. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Ca.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (Mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67	6	19	hr. min.

9. Birthplace Pocomoke City Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Lorenza D. James
13. Birthplace Pocomoke City

MOTHER
14. Maiden Name Sadie Ca. Bailey
15. Birthplace Pocomoke City Md

16 (a) Informant J. Stanley James
(b) Address Delaware, U.S.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (day) (year)
(c) Cemetery or crematory Pocomoke City
Location Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) Apr 5 1942 (b) Huntingtown Williams Mfr

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941, to April 2 1942 and that I last saw him alive on April 1 1942

Immediate cause of death
Chronic Nephritis
a Uremic Manifestations

Due to

Due to

Other Conditions Arterio Sclerosis
Chronic Arthritis
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation None

of autopsy: None

Duration
Couple yrs
Couple yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph C Harvey

Address 1424 E Main Street Date signed 4/3/42 M. D.

F 90879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4912 Queensbury Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 27
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4912 Queensbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Mendelsohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Ralph Epstein
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie ?
15. Birthplace Russia

16 (a) Informant Ralph Mendelsohn
(b) Address 4902 Queensbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) APR 5 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

9.45

20. DATE OF DEATH April 3, 1942 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 7 1942 and that I last saw h[illegible] alive on April 7 1942.

Immediate cause of death Coronary occlusion — Auricular fibrillation — Duration 3 days

Due to Arteriosclerosis — 7 —

Due to

Other Conditions Incl. hemiplegia (left) — 3 months

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address 1 E. Chase St Date signed 4/8/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

F 90880

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Argyle Ave St.) (7th Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Perry Preston Rakes

If U. S. Veteran specify WAR

(a) Residence: No. 1311 Argyle Ave St., Ward. Soc-Sec - 220-05-1757

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Rakes

6. DATE OF BIRTH (month, day, year) June 15 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72	9	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe Md

FATHER

13. NAME Perry Rakes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Musselman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida Compton

(Address) Trappe Md

18. BURIAL, CREMATION, OR REMOVAL Place Trappe Md. Date Apr 8 19 42

19. UNDERTAKER Jones & Stewart

(Address) Church & Salisbury Md

20. FILED APR 5 1942 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1942, to April 4, 1942

I last saw him alive on April 3, 1942. Death is said to have occurred on the date stated above, at 5-40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of death
Uremia	
Cardiac Renal disease	
Other significant conditions contributing to death but not related to principal cause given	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Thos. Myles Lyle M. D.

(Address) 703 Med. & Chem. Bldg.

Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90881
Registered No.

The entries on this certificate should be typewritten or made with unfading ink. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 E. Chase St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2826 E. Chase St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Horky

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Frank Horky Sr.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1885

8. AGE: Years	Months	Days	If less than one day
56	8	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name James Mc Krackin
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Husband
(b) Address 2826 E. Chase St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.,
Location O ' Donnell St.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) (Date rec'd by registrar) APR 5 1942 (b) Huntington Williams, Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 10:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942 to April 3 1942, and that I last saw her alive on April 3 1942.

Immediate cause of death	Duration	
Hypostatic pneumonia	2 days	
Due to Hemiplegia (Left)		340.
Hypertension		370
Due to Arterio Sclerosis		370
Diabetes mellitus		370
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider
Address 1101 N. Washington Date signed M. D. 24-4-42

F 90882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. F 90882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5205 Gwynn Oak Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 Gwynn Oak Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Charles Evers Myers

3 (b) If veteran, name war no

3 (c) Social Security Account No. —?—

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 28 1873

8. AGE: Years 68 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation retired

11. Industry or business —

FATHER
12. Name Capt. Henry W Myers
13. Birthplace Hungary

MOTHER
14. Maiden Name Melvina Aburn
15. Birthplace England

16 (a) Informant Miss Mabel Myers (Sister)
(b) Address 5205 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Stulwagh Myers Co.
(b) Address 108 W Mt Royal Ave

19 (a) Embalmer (b) Huntington Williams, M.D.

APR 5 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to April 3 1942 and that I last saw him alive on April 3, 1942.

Immediate cause of death Heart Failure — Duration

Due to Bronchial Asthma, Studied

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. G. Scullen
Address 1 W. Pratt Date signed 4/3/42

George G. Miller M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No.

F 90883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 Arunah Ave
(c) Hospital or institution: WBG H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Arunah Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel R. Clayland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	W.

6 (b) Name of husband or wife Mollie Scutchfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-1-1864

8. AGE: Years	Months	Days	If less than one day
78	1	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business Own

FATHER
12. Name William S.
13. Birthplace Md.

MOTHER
14. Maiden Name Prudence Gough
15. Birthplace Md

16 (a) Informant Mr. Robt. Clayland
(b) Address 2321 Arunah Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred. Ave.

18 (a) Funeral director Mrs Mary A. Scutchfield
(b) Address 2834 Reyner Ave.

19 (a) (b) Huntington Williams M.D.
(Signature of registrar)

APR 5 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1942 to April 4 1942, and that I last saw him alive on April 4 1942.

Immediate cause of death Coronary Thrombosis

Due to Coronary Occlusion

Due to

Other Conditions Bronchopneumonia
Ca of Head of Pancreas
(Include pregnancy within 3 months of death)

Date of operation March 26, 1942

Major findings of operation Ca of Head of Pancreas

of autopsy Metastasis to liver

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joshua M. Perman M. D.
Address WBGH. Date signed April 4, 1942

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD OF DEATH ON FILE IN THE BALTIMORE CITY HEALTH DEPARTMENT.

Every item of information should be carefully supplied. Write plainly, with unfading ink. Every item must be answered. Do not guess at the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90884

F T.N. 90884 40975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940n Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Brandenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4540

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Seperated

6 (b) Name of husband or wife Goldie Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1894

8. AGE: Years	Months	Days	If less than one day
47	8	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Wilmer Machine Works

FATHER
12. Name Lev Brandenberg
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Chaney
15. Birthplace Maryland

16 (a) Informant B.C.H.Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory [illegible] Shell
Location Rutherford

18 (a) Funeral director J. J. [illegible]
(b) Address 506 E. Fayette

19 (a) (Date rec'd by registrar) (b) [illegible] Williams M.D. (Registrar)

APR 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 1942 at 3 7- P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1942 to 4-3 1942 and that I last saw h~~im~~ alive on 4-3 1942

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Cardiac failure — 7 days
Due to Hypertensive C.V. disease — 7
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: In above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 4-4-42

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 90885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178

Registered No. F 90885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 W. Fayette St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Francis Paul Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9506

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24-1902

8. AGE: Years	Months	Days	If less than one day
39	7	11	10 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Franklin H. Murphy
13. Birthplace Charles Co. Md.

MOTHER — 14. Maiden Name Stella C. Hancock
15. Birthplace Charles Co. Md.

16 (a) Informant Stella C. Hancock
(b) Address 2102 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 4101 Fredrick Ave

19 (Registrar's signature) Apr 5 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4th 1942 at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31st 1942 to Apr. 4th 1942 and that I last saw him alive on Apr. 4th 1942.

Immediate cause of death Generalized peritonitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King B. E. Sagar, M.D.
Address Bon Secours Hosp Date signed 4-4-42

VS 2

F 90886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 90886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution: Eastern & Wilkens Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth Asher.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Kinsey Asher.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1904

8. AGE: Years	Months	Days	If less than one day
37	11	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Thomas Bower
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emily Alton
15. Birthplace Iowa

16 (a) Informant Mr Kinsey Asher
(b) Address 804 Edmondson Ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W Deegan
(b) Address 440 E North Ave

19 (a) APR 5 - 1942 (b) Registrar
Received by registrar Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to April 2 1942 and that I last saw h er alive on Apr 2 1942

Immediate cause of death Acute Cardiac Failure — Duration 1 Day
Due to Acute Pneumonia — 1 Day
Due to Mitral Stenosis — 1 year.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J Stinnett
Address Catonsville Date signed 4/2/42 M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 10887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Corbin Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie J. Dino (Caroline H. Dino)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John E. Dino

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-02

8. AGE: Years 39 | Months 3 | Days 6 5 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Alvin L. Hartman

13. Birthplace Penna.

MOTHER 14. Maiden Name Sadie Neff

15. Birthplace Penna

16 (a) Informant John E. Dino

(b) Address 2216 Corbin Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)

(c) Cemetery or crematory Arlington Memorial

Location Allentown Penna.

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson ave.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

APR 5 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 4-15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Illuminating Gas poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/3/42 at 5 P M
(c) Where did injury occur? 2216 Corbin Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from stove Asphyxiation

23. Signature Wm H. Sandegren M.D. Medical Examiner.

Date signed 4/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH #6-a

F 90888 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Piedmont Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 3417 Piedmont Ave
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME BARNEY INSEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Grocer

11. Industry or business

FATHER
12. Name Jacob Insel
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel
15. Birthplace Russia

16 (a) Informant Nathan Balfour
(b) Address 2115 N. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-42 (month) (day) (year)

(c) Cemetery or crematory Rogerdale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 2100 Eutaw Place

19 (a) Filed APR 5 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4- 1942 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1942 to April 4, 1942 and that I last saw h alive on April 1, 1942

Immediate cause of death

Carcinoma of oesophagus.

Due to

Due to —

Other Conditions Metastases

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration after 5 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H. Stupnitsky M.D.
Address 2351 Eutaw Pl. Date signed 4/4/42

F 90889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 90889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city limits, write RURAL, and give town)
(d) Street No. 1125 Reeds Road (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country Portsmouth Va.

3 (a) FULL NAME Harvey Maul

3 (b) If veteran, name war: Don't know — 3 (c) Social Security Account No. Don't know

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married —

6 (b) Name of husband or wife: Don't know
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 46 | Months | Days | If less than one day: hr. min.

9. Birthplace Don't know (Town, county, or state)

10. Usual Occupation Pipe fitter
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace U. S.

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Harvey Rode
(b) Address Lowell's Cafe 651 Light

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1942 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Va.
Location Va

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 Ad Parkway

19 (a) (b) Huntington Williams M.D. Registrar

APR 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1942, at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Fatal Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 4-1-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. — CAUSES STATED UNEXPLAINED INS. Every item of information should be carefully supplied.

F 90890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 90890 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address A Balto Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 E. Hamburg (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Lee Wise (Balto F-47122)

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Female
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1942

8. AGE: Years | Months | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George W. Wise
13. Birthplace Balto.

MOTHER
14. Maiden Name Susie Purdy
15. Birthplace Balto. Md

16 (a) Informant George Wise
(b) Address 209 E. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1942 (month) (day) (year)
(c) Cemetery or crematory Morland Memorial Pk
Location Balto Co

18 (a) Funeral director A. Howard Evans
(b) Address 1400 W. Baltimore

19 (a) APR 5 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942, at 7 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1942 to April 5 1942, and that I last saw h[illegible] alive on April 5 1942.

Immediate cause of death — Duration

Convulsions
Due to premature (trauma)
Due to (birth injury?)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Magruder M. D.
Address 1213 Light St Balto Date signed

VS 3

F 90891 ✓ × F 90891

410673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1408

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos, 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Mardella Springs (If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Luther Johnson
6 (c) If alive, give age: 37 years
7. Birth date of deceased (mo., day, yr.): 5/21/08
8. AGE: Years 33 | Months 10 | Days 13 | If less than one day: hr. min.
9. Birthplace: D. C. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Coma
13. Birthplace: Alabama

MOTHER
14. Maiden Name: Hattie Ross
15. Birthplace: D. C.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 6 42 (month) (day) (year)
(c) Cemetery or crematory
Location: Washington, D.C.

18 (a) Funeral director: J. J. Stewart
(b) Address: 30 - 4 S.T. N.E.

19 APR 5 - 1942 (b) Huntington, Md.
Filed rec'd by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 11:59 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1942 to April 4 1942 and that I last saw her alive on April 4 1942

Immediate cause of death: B. Welchi endometritis — Duration: 10 days

Due to: Spontaneous abortion

Due to: Mys Mc Cormy

Other Conditions: Diabetes Mellitus + Diabetic Acidosis; Pregnancy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert C. Austrian
Address: Johns Hopkins Hospital Date signed 4/4/42

VS 1

Please write plainly, with indelible ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 90892

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Spalding Avenue St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Moses Koehler

(a) Residence: No. 3322 Spalding Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Schafer Koehler

6. DATE OF BIRTH (month, day, year) Dec. 6, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Haven, Conn.

FATHER

13. NAME John Koehler

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Elizabeth Koehler
(Address) 3322 Spalding Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4-6 1942

19. UNDERTAKER Loring Byers
(Address) 5005 Park Heights Avenue

20. FILED APR 5 - 1942 Huntington Williams, Registrar

SSA Dec. - Security # 212-16-0158

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1942 to April 3rd 1942

I last saw h.. alive on April 2nd 1942. Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Cardio Vasc Disease — Feb 1st to April 3rd
Cerebral Thrombosis — 1 month
Cardiac Hemiplegia — 5-6 days
Terminal Heart Exhaustion

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Alex. H. Mundorff M. D.
(Address) 4603 Park Heights Ave

F 90893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 90893
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St Linden Ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8240 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Mary J. Breinick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Geo. Breinick
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Ella Tyler
(b) Address 8240 Eastern Ave

17 (a) Burial (b) Date thereof 4/8/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pikesville, Md.
Location

18 (a) Funeral director Wm. E. Clark
(b) Address 36 E. Mulberry St.

19 (a) Filed APR 8 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to April 4 1942 and that I last saw her alive on April 4 1942

Immediate cause of death: Bronchopneumonia

Due to:

Due to:

Other Conditions: Hypertension C.V.R. Disease, Diabetes Insulitis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William P. Lumpkin
Address Md. Gen. Hosp. Date signed 4/8/42

F 90894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 90894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Camel Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Lawson Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unknown
11. Industry or business

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mary Elizabeth Turner
(b) Address 505 Camel st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolphus Halstead
(b) Address 1942 Druid Hill ave.
APR 5 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1942, at 5:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound 2 prob.	
Due to Severing Spinal Cord	
Due to	2 m
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 1, 1942 at 8 P. M
(c) Where did injury occur? 505 Camel Street, Balto. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gun shot wound

23. Signature Howard J. Weems M.D.
Medical Examiner.
Date signed 4-2-42

VS 6

CORRECTIONS: WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-8

Registered No. F 90895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hsp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 158 Colvin St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Portugal.

3 (a) FULL NAME Ambroe Montie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1883

8. AGE: Years 59 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Portugal (City, county, and state)

10. Usual Occupation Seaman

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mercy Records.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto County

18 (a) Funeral director Adolphus Habstead
(b) Address 918 Druid Hill Ave

19 (a) Filed (b) Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 1 1942 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1942 to 4/1 1942 and that I last saw him alive on 4/1 1942

Immediate cause of death: Obstruction Intestinal Strangulation
Due to: Bulm. Tuberculosis
Due to:
Other Conditions: Gen. Arterio-Sclerosis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. McGuire Jr.
Address Mercy Hsp. Date signed 4/9/42

VS 1

F 90896

RC(72826)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

Registered No. F 90896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Mosher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Covington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1925

8. AGE: Years 16 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Parker Covington
13. Birthplace North Carolina

MOTHER
14. Maiden Name Georgianna MacNeil
15. Birthplace North Carolina

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. county

18 (a) Funeral director Adolphus Gabstead
(b) Address 918 Druid Hill ave

19 (a) (Signature of Registrar) (b) Huntington Williams M.D. Registrar

4-10-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1942. at 2'15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1942 to 4-2 1942, and that I last saw her alive on 4-2 1942.

Immediate cause of death: Tuberculous meningitis — Duration: 7 weeks

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Craftchow M. D.
Address Balto. City Hosp Date signed 4-4-42

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90897

Loney White (Lonia

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 787 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 787 W Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loney White Lonia

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Raeford, N. C. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Elijah Palmer
13. Birthplace N C

MOTHER
14. Maiden Name Sidney Taylor
15. Birthplace N C

16 (a) Informant Plum Palmer
(b) Address 928 Madison ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Washington
Location North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) APR 8 - 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942 at 7:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 15 1942 to April 2 1942, and that I last saw him alive on April 2 1942.

Immediate cause of death: Lobar Pneumonia — Duration 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 754 Park ave Date signed 4/4/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. USE INDELIBLE PENCIL, WITH CAPPADING INK.

F 90898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90898 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 Barre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 111 Barre St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Mohlhenrich

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4, 1863

8. AGE: Years 79 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Md (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Mohlhenrich
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Heine
15. Birthplace Germany

16 (a) Informant Louis Krona
(b) Address 911 Normandy Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Tilhorn Co
(b) Address 1214 Bond St

19 (a) APR 6 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1942, at 11:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Renal

Duration

Due to Cancer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature Wm A Mitchell M.D.
Medical Examiner.

Date signed 4/5/42

VS 4

F 90899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 F 90899 Registered No.

Be correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Violet Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H Fox

3 (b) If veteran, name war: No — 3 (c) Social Security Account No. 215-03-1966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14th 1885

8. AGE: Years	Months	Days	If less than one day
56	4	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Morgan Mold Works

FATHER
12. Name Hiram Wesley Fox
13. Birthplace Macon, Ill.

MOTHER
14. Maiden Name Mary Magdalene Geib
15. Birthplace Glen Rock Pa

16 (a) Informant C. E. Fox
(b) Address 3136 Abell Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed APR 6 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4- 1942 at 4:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull -	
Due to Multiple fractures - long bones.	
Due to	
Other Conditions Bleeding from mouth & eye ear (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-4-42 at 3 P M
(c) Where did injury occur? Fendall on R. R. Track W. M. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jumped from roof on Garage

23. Signature Howard F Kluender M.D. Medical Examiner.
Date signed 4-5-42

VS 4

F 90900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90900

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Wilkins Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 1 Hanna Ave (If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Laura Rice

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12th 1883

8. AGE: Years	Months	Days	If less than one day
58	11	24	hr. min.

9. Birthplace Va. (Portsmouth) (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER

12. Name James Anderson

13. Birthplace Va

MOTHER

14. Maiden Name Katherine Hyslop

15. Birthplace Va.

16 (a) Informant Frank B. Rice

(b) Address 1 Hanna Ave - Catonsville

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 7th 1942 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Portsmouth Va.

18 (a) Funeral director Williams Coot

(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942, to April 4 1942, and that I last saw her Alive on April 4 1942.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Cardiac Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Osborne

Address Catonsville Md. Date signed 4/7/42

F 90901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1795

F 90901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore TER
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Montebello Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Brennan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1 1841
8. AGE: Years 101 | Months 3 | Days 7 | If less than one day : hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Conor Brennan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Charles Fields
(b) Address 2921 Montebello Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J Peake
(b) Address 5305 Harford Road

19 (a) APR 6 – 1942 (b) Huntington Williams M.D.
Filed by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 10:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Pleural pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/3/42 at 10 P M
(c) Where did injury occur? 2921 Montebello (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Burns. Pleural pneumonia contributory

23. Signature W. Gardecraft M.D.
Medical Examiner.
Date signed 4/4/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90902 Registered No. 942

The information should be carefully supplied. Every item of correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Oakcrest Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Oakcrest Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas F Seipp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Adeline Seipp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-12-1860

8. AGE: Years	Months	Days	If less than one day
82	0	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name F. Conrad Seipp
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Carroll
(b) Address 3008 Oakcrest Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director Leonard J Rod
(b) Address 5305 Harford Road

19 (a) APR 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1942, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-st 6- 19 4- to 4/2/42 and that I last saw h~~im~~ alive on 4/1/42 19

Immediate cause of death	Duration
Coronary Occlusion	3 months
Due to Arteriosclerosis	
Due to ~~Senility~~ Senility	
Other Conditions Influenza & Arthritis (Include pregnancy within 3 months of death)	1 mo.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Herrmann M. D.
Address 1710 E 33rd St Date signed 4/6/42

VS 3

F 90993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 90903 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Echodale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Echodale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

24

3 (a) FULL NAME Wilhelmina R Foard

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John B Foard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-1877

8. AGE: Years	Months	Days	If less than one day
64	6	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Bowers
13. Birthplace Md.

MOTHER
14. Maiden Name Mary R Nolan
15. Birthplace Md.

16 (a) Informant John B Foard
(b) Address 3500 Echodale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Rush
(b) Address 5304 Hayford Road

19 (a) (b) Huntington Williams

APR 6 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4/42 1942 at 5 00 P. M

21. I certify that death occurred on the date above stated that I attended deceased from 3/6 1942 to 4/4 1942 and that I last saw her alive on 4/4 1942

Immediate cause of death
(a) Cerebral Embolism
(b) Mitral Stenosis Embolism
Due to (c) Cardiac Enlargement
(d) Hypertension
Due to
Other Conditions Decompensation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
4/4/42
4/4/42
?
?
3/6/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilhelmina R Foard
Address 5231 Hayford Rd Date signed 4/10/42

F 90904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-7

F 90904 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 N. Pearl St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) St. No. 24 N. Pearl St
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Stewart

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles H. Stewart

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 27, 1858

8. AGE: Years 83 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Hartford County, Md.
(Town, county, and State)

10. Usual Occupation ✓

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Cora McGlinn (daughter)
(b) Address Street, Md. Route #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director F. A. Krause & Son
(b) Address 1216 E. Charles St.

19 (a) APR 6 1942 Registrar
(b) Huntington Mills, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1942 at 6½ M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to March 25 1942 and that I last saw her alive on March 25 1942.

Immediate cause of death: Acute Cardiac Dilatation — Duration 5 weeks

Due to: Cardio Vascular disease — 7

Due to

Other Conditions: Myocarditis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman

Address 753 W. Fayette Date signed Apr 6, 42

F 90905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wiktor Dziegielewski

3 (b) If veteran, name war

3 (c) Social Security Account No. 206-10-0636

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Weronika

6 (c) If alive, give age: 1842 years

7. Birth date of deceased (mo., day, yr.): March 12, [redacted]

8. AGE: Years: 50 | Months: | Days: 21 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Packing House

FATHER
12. Name: Unknown
13. Birthplace: Poland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Poland

16 (a) Informant: Weronika Dziegielewski
(b) Address: 521 S. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-7-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: F. W. Olszewski
(b) Address: 1930 Eastern Avenue

19 (a) APR 6 - 1942
Filed rec'd by registrar (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-2- 1942, at 11:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held a [illegible] (Autopsy or Inquiry) and from the evidence obtained by said 11 (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardiac - Vascular Disease — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Mullen M.D.
Medical Examiner.
Date signed: 4-2-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90906 | BALTIMORE CITY HEALTH DEPARTMENT | F 90906

CERTIFICATE OF DEATH √107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin Sp.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4363 Shamrock Av. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Jaworski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mseeig Jaworski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17 — 1867

8. AGE: Years 74 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business Furniture Store

FATHER
12. Name George Jaworski
13. Birthplace Germany

MOTHER
14. Maiden Name Sadeski
15. Birthplace Germany

16 (a) Informant Michael Jaworski
(b) Address 4363 Shamrock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Krajewski
(b) Address 1930 Eastern Ave Huntingtown Mitchell, M.D.

19 (a) (Date rec'd by Registrar) (b) Registrar

APR 6 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/ 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/ 1942 to 4/3/ 1942 and that I last saw h[illegible] alive on 4/3/ 1942

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: (None)

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. V. Tompakov

Address St Joseph's Hospital Date signed 4/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 90907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 North Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Puerto Rico (b) County
(c) City or town Mayaguos (If outside city or town limits, write RURAL and give town)
(d) Street No. Mendez Vigo Street, 129 (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Puerto Rico

3 (a) FULL NAME Alfredo Drouyn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No
4. Sex: M
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Consuelo Drouyn
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): AUG. 22. 1887
8. AGE: Years 54 | Months 7 | Days 12 | If less than one day ____ hr. ____ min.
9. Birthplace: Mayagous, P. R. (Town, county, and state)
10. Usual Occupation: Merchant
11. Industry or business:
FATHER 12. Name: Jose Drouyn
FATHER 13. Birthplace: Puerto Rico
MOTHER 14. Maiden Name: Consuelo Macasser
MOTHER 15. Birthplace: Mayagous, P.R.
16 (a) Informant: wife
(b) Address: Mayagous P.R. Mayagous
17 (a) AGUADILLA, PUERTO RICO Thereof APRIL 15.42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: AGUADILLA
Location: MAYAGUOS PUERTO RICO
18 (a) Funeral director: John O. Tutale Sons
(b) Address: 900 EUTAW PLACE
19 APR 6- 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942. at 10a.M
21. I certify that death occurred on the date above stated; that I attended deceased from 6-6-41 19__ to 4-3- 1942. and that I last saw him alive on 4-2-42 1942.
Immediate cause of death: Coronacy Occlusion — Duration: ____
Due to: Arteriosclerosis — Duration: 4 yrs.
Due to: ____
Other Conditions: Cancer of Prostate with metastases (Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Edward L. Maly M.D.
Address: Johns Hopkins Hospital Date signed: April 3-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41395 F 90998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D F 90998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Port Jervis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 Hudson st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLDHAM — Thomas F

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-87

8. AGE: Years 54 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Portland R. R. Co.

FATHER
12. Name Frederick Oldham
13. Birthplace England

MOTHER
14. Maiden Name Mary Rhoades
15. Birthplace England

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6/42 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director John Cruickshank Sons
(b) Address 1900 Eutaw Place

19 APR 6-1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 3 1942 at 845 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1942 to Apr 3 1942 and that I last saw him alive on Apr 3 1942

Immediate cause of death Carcinomatosis of stomach with metastasis to liver — Duration 1 wk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/30/41

Major findings of operation: Carcinoma of stomach & liver

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Grove M.D.

Address Johns Hopkins Hosp Date signed 4-3-42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90909

SS 72997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12

F 90909

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospit BALTIMORE CITY HOSPITA

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1451 Hull Street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Stominski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Mike

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, ? 1879

8. AGE: Years	Months	Days	If less than one day
62 ?	11	19	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name ?

13. Birthplace Poland

MOTHER

14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location

18 (a) Funeral director Maurice J. Flynn

(b) Address 1112 Light St.

19 (a) APR 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 to 4-7 1942, and that I last saw [illegible] on 4-4 1942.

Immediate cause of death

Tetanus — Duration 3 days

Due to Puncture wound of foot — 12 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald Bobbett

Address Balto City Hosp Date signed 4-9-42 M. D.

F 90910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 90910 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnold Blanke

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-9649

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Eva Blanke

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 23-1877

8. AGE: Years 64 | Months 8 | Days 12 | If less than one day hr. min. 17

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Bar tender

11. Industry or business Restaurant

FATHER
12. Name August Blanke
13. Birthplace Germany.

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs Eva Blanke
(b) Address 2132 N Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo V. Leonhardt
(b) Address 5315 Reisterstown Rd

APR 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to April 5 1942 and that I last saw him alive on April 5 1942

Immediate cause of death Hypertension — Cerebral Coma — Vascular disease | Duration 2 yrs.

Due to

Due to

Other conditions Pulmonary Edema.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Q. Graham, M.D.
Address University Hosp. Date signed 4-5-42

VS 3

F 90911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90911 Registered No. 931

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 Braddish Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Braddish Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AMELIA H. KIRWAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~Edward~~ Edward W. Kirwan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1856

8. AGE: Years	Months	Days	If less than one day
85	11	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Christian Hain
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Becker
15. Birthplace Holland

16 (a) Informant Mrs. Mable K. Herford
(b) Address Marlboraugh Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director Wm J. TICKNER & SONS INC.
(b) Address ~~Mt~~ & Pa Aves.

APR 6 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3, 1942, at 1:25a M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 19 to 4/3 19 and that I last saw h alive on 4/1 19

Immediate cause of death
Gangrenous Arteriosclerosis
Duration Y 1 4/2/42
Due to Bronchopneumonia
Due to
Other Conditions Decubitus ulcers 3/27/42

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Cohn M. D.
Address 102 E. Fort Ave Date signed 4/4/42

VS 3

F 90912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 90912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 Christian St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Christian St (If rural give location)
(e) Citizen of foreign country? U (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Edna Duncan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Duncan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1891

8. AGE: Years 50 | Months 11 | Days 13 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jos. Flemm
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Mildred Smith
(b) Address 5 Shady Lane, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director F. C. Shipley & Son
(b) Address 300 Eutaw St, Huntingdon Hillcrest, Md

APR 6 – 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 1 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 26 1942 to April 6 1942 and that I last saw her alive on April 5 1942.

Immediate cause of death: Congestive Heart Failure — Duration 5 weeks

Due to Rheumatic Heart Disease

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting
Address Bon Secours Hosp. Date signed 4-7-42

VS 3

F 90913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 W. North Ave
(c) Hospital or institution: Lutheran Deaconess Motherhouse
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] County
(c) City or town Eyerly (If outside city or town limits, write RURAL and give town)
(d) Street No. 55 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Anna L. Albright

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 24 1866
8. AGE: Years 76 Months 1 Days 11 If less than one day hr. min.
9. Birthplace Eyerly Pennsylvania (Town, county, and state)
10. Usual Occupation Retired Worker
11. Industry or business —

FATHER
12. Name Christian Albright
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Fry
15. Birthplace [illegible]

16 (a) Informant Sister Martha
(b) Address 2500 W. North Ave
17 (a) Disposal (Burial, cremation, or removal) (b) Date thereof April 6 1942 (month) (day) (year)
(c) Cemetery or crematory Eyerly
Location Pennsylvania
18 (a) Funeral director F. D. Wolfgang Son
(b) Address 300 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Registrar

APR 6 1942

Interior Williams, M.D.
3C Cpl. Court 8c Evans

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1942, at 6 45 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1942 to Apr. 4 1942 and that I last saw h alive on 4-4 1942.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. L. Ewald Jr. M. D.
Address 5426 Greenmount Ave Date April 4-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GATZKE

F 90914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 90914

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Vermont Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Sophie Gatzke

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Edward Gatzke

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Nov. 24 1895

8. AGE: Years 46 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation ✓ Home

11. Industry or business

FATHER
12. Name George A. Hoffman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie Mehring
15. Birthplace Balto. Md.

16 (a) Informant Mr. Edward Gatzke
(b) Address 2819 Vermont Ave Balto

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 (month) 7 (day) 42 (year)

(c) Cemetery or crematory St Pauls Cemetery
Location Violetsville, Md

18 (a) Funeral director Mrs. Helen Bohn
(b) Address 2503 Edmondson Ave

19 (a) APR 6 - 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4 1942 at 7:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1942 to 4/4 1942, and that I last saw h[illegible] alive on 4/4 1942.

Immediate cause of death Cardiovascular Collapse — Duration

Due to Septicaemia — over

Due to Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Rosberg
Address St. Agnes Hosp. Date signed 4/6/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 90915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 90915 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forest St
(c) Hospital or institution Md. Pen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 4 24
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 954 Forest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Childs

3 (b) If veteran, name war Unknown
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Georgiana Childs
6 (c) If alive, give age ?? years

7. Birth date of deceased (mo., day, yr.) 66 yrs ? ? 1876

8. AGE: Years 66 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace Hanover Co. Va. (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name John Childs (dead)
13. Birthplace Hanover Co. Va.

MOTHER
14. Maiden Name Sarah Winston (dead)
15. Birthplace Hanover Co. Va

16 (a) Informant George Childs
(b) Address 1340 Carroll St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 7 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Amity
Location Baltimore Co. Md.
18 (a) Funeral director Walter R. Lewis
(b) Address 139 W. Lanvale St.
19 (Registrar's signature) Huntington Williams, M.D.
APR 6 – 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28-42 19 to April 3 1942 and that I last saw him alive on April 3 1942.

Immediate cause of death: Bronchopneumonia
Acute Cardiac Dilatation — Duration: 35 days
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter R. Lewis
Address Walter R. Lewis Date signed (M.) 4 (D.) 3 (Y.) 42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V45-D

F 90916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 W. Mullberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAMIE GILLIAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1893

8. AGE: Years 50 Months 9 Days 24 If less than one day hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Daniel Johnson
13. Birthplace S. C.

MOTHER
14. Maiden Name Sallie Johnson
15. Birthplace S. C.

16 (a) Informant Mrs Lula Kerns
(b) Address 644 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)

(c) Cemetery or crematory
Location Greensboro, S. C.

18 (a) Funeral director Mrs Frances G. Hensley
(b) Address 578 W. Baltimore St

19 (a) Date received APR 6 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, '42 at 4:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from April 4 1942 to April 4 1942 and that I last saw ... alive on ... 1942

Immediate cause of death Carcinoma of Liver

Duration 5 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances G. Hensley M.D.
Address 578 W. Baltimore St Date signed 4/6/42

Appealed: Home of Mother, 20 per Undertaker

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90917 Lastowski

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V157-a

Registered No. F 90917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John. Lastowsky (Birth-F 45912)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-42

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Baltimore, Balto Co., Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Patrick Lastowski.
FATHER 13. Birthplace Poland.

MOTHER 14. Maiden Name Catherine Zaledoni
MOTHER 15. Birthplace Poland.

16 (a) Informant Patrick Lastowski
(b) Address 24 S. East St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Blair Rd.

18 (a) Funeral director Joseph Rogowski Sons
(b) Address 102 Washington Blvd.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 8:9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-1942 to 4-5-1942 and that I last saw h[illegible] alive on 4-5-1942.

Immediate cause of death Resp. Failure.

Due to Constitutional weakness. Hydrocephalus.

Due to Intelligence incomplete Multiple fractures.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. E. Smith
Address Church Home & Infirmary Date signed 4-8-42

90918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

F 90918 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3234 Elliott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3234 Elliott St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna R. Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1882

8. AGE: Years	Months	Days	If less than one day
59	9	14	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name William Hopf
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Barbara Bohrman
15. Birthplace Baltimore, Md.

16 (a) Informant Husband
(b) Address 3234 Elliott Street

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Avenue

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Huntington Ave Baltimore, Md.

19 (a) ADR 6-1942 (Date this copy received)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Epilepsy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the name to which death should be charged (statistical)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Vanderhurst M.D. Medical Examiner
Date signed 4/4/42

VS 6

F 90919 ROSSMARK F 90919

BALTIMORE CITY HEALTH DEPARTMENT 65

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Fait Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John G Rossmark
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 4 1930
8. AGE: Years 11 | Months 6 | Days 20 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George Rose Mark
13. Birthplace Baltimore -

MOTHER
14. Maiden Name Lavina Greenfelder
15. Birthplace Baltimore -

16 (a) Informant Mother
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Clarence P. Hoffman
(b) Address 1639 N Broadway

19 (a) Date received APR 6 1942 (b) Registrar Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4 1942, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1942 to 4/4 1942 and that I last saw him alive on 4/4/42 at

Immediate cause of death: Status Epilepticus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Stevens M.D.
Address Mercy Date signed 4/4/42

IMPORTANT: WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 a F 90920 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1349 S Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 S Clinton St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara J Bishoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/27/1941

8. AGE: Years	Months	Days	If less than one day
	4	6	hr. min.

9. Birthplace Hazelton W Va. (Town, county, and state)

10. Usual Occupation
11. Industry or business none

FATHER
12. Name Damon L Bishoff
13. Birthplace Albright, W Va.

MOTHER
14. Maiden Name Madine L. Lemmond
15. Birthplace Hazelton W Va.

16 (a) Informant Father
(b) Address 1349 S Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Clarence F Hoffman
(b) Address 1639 N Broadway

19 (a) APR 6 1942 (Filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Pulmonary Thrombosis — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/4/42

F 90921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90921 Registered No.

The accuracy of this certificate, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Winchester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Gillman

3 (b) If veteran, name war —
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James F Gillman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1896

8. AGE: Years	Months	Days	If less than one day
55	3	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name ? Rockenfinger
13. Birthplace Md.

MOTHER
14. Maiden Name ~~Unknown~~ Annie Kling
15. Birthplace Md. ?

16 (a) Informant Miss Catherine F. Gillman
(b) Address 2920 W Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 APR 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 4 - 1942, at 8.10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio - Vascular Disease — Duration

Due to:

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walker M.D. Medical Examiner.
Date signed 4 - 5 - 42

F 90922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 to

F 90922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address 1505 Eutaw Place
(c) Hospital or institution: Phoenix Club.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. Temple gardens Apts (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel SCHMITT

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Augusta
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug. 3-1882

8. AGE: Years	Months	Days	If less than one day
59	8	2	hr. min.

9. Birthplace Otomwa - Iowa (town, county, and state)
10. Usual Occupation Sales Agent
11. Industry or business Buttons

FATHER
12. Name Abraham Schmitt
13. Birthplace German

MOTHER
14. Maiden Name Fanny Metzger
15. Birthplace Balto. City

16 (a) Informant Louis Smith
(b) Address Arlington Park Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/1942 (month) (day) (year)
(c) Cemetery ~~Cemetery~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Christ Lomasney & Son
(b) Address 90 E. Eutaw Place.

19 (c) APR 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1942, at 2:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1942, to April 5 1942, and that I last saw him alive on April 5 1942.

Immediate cause of death

Coronary Thrombosis

Duration
about 10 minutes

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Jacobs I
Address 1700 Eutaw Pl. Date signed April M. D.

VS 8

H L Wollenweber M D asst Med. Examiner 1942

F 90923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

F 90923 Registered No.

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 S. Gilmor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Bridges

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas Bridges
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1883

8. AGE: Years	Months	Days	If less than one day
59	1	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Ireland.

MOTHER
14. Maiden Name Gonne ?
15. Birthplace Ireland.

16 (a) Informant John B Bridges
(b) Address 213 S. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Maryland Ave.

18 (a) Funeral director John J. Condon & Son
(b) Address 908 Collins St.

19 (a) (Date rec'd) (Registrar) Huntington Williams, M.D. Registrar

APR 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1942. 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to April 1942 and that I last saw deceased alive on April 4 1942.

Immediate cause of death	Duration
Pulmonary Edema	5 hours
Due to Congestive Heart Failure	4 months
Due to Arteriosclerotic Heart Disease	> 1
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reuben Rorkhurst
Address 910 W Lombard St Date signed 4/6/42 M. D.

F 90924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

Registered No. F 90924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 West Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 West Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Utz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Peter Utz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1861

8. AGE: Years	Months	Days	If less than one day
81	1	3	hr. min.

9. Birthplace Baltimore, Md (town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Henry Ulrich
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Emily Wilson
(b) Address 1131 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John J. Bowen & Son
(b) Address 901 Hollins St.

19 (a) (Signature of undertaker) (b) Huntington Mills, Md.

APR 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 25 1942, to April 5, 1942, and that I last saw h e alive on 4-5-1942

Immediate cause of death: Hypostatic Pneumonia — Duration 1 day
Due to Severe Contusions
Due to Senility
Other Conditions Atherosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence April 5 1942 at 2:30 P.M.
(c) Where did injury occur? 1131 W Cross St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell or Jump

23. Signature [illegible] M. D.
Address 876 Century Rd Date signed 4/6/42

F 90925 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 90925

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) St. No. 1918 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Quarles

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Benjamin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1, 1878
8. AGE: Years 63 64 | Months 9 | Days 2 | If less than one day hr. min.
9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Bernice Nelson
(b) Address 1918 Asquith St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md.
18 (a) Funeral director Wm R.A. Ellis & Daughter
(b) Address 1329 E. Caroline St
APR 6 – 1942 (Date rec'd by Registrar)
(d) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 10:20 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to April 3 1942 and that I last saw alive on April 3 1942.

Immediate cause of death — Duration
Carcinoma of Breast with metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm Ellis Jr M.D.
Address 803 N Fremont Baltimore Md

VS 3

Fill in all items. Every item of information should be carefully supplied. Cause of death must be certified by physician. Every death must be reported to the Health Department within 24 hours. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

413563

F 90926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 90926

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1506½ N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-83

8. AGE: Years	Months	Days	If less than one day
58	9	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation W. P. A.

11. Industry or business

FATHER 12. Name John Gardner

13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca ?

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6-1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore Md.

18 (a) Funeral director Maurice C. Cofer

(b) Address 1606 W. North Ave

19 (a) APR 6-1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4 1942, at 1:51 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942 to Apr. 4 1942 and that I last saw h. in alive on Apr. 4 1942.

Immediate cause of death: Myocardial failure. Pulmonary edema.

Due to: Coronary Occlusion

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Appendectomy

Major findings of operation: Pericaecal inflammation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Haines M.D.

Address Johns Hopkins Hosp. Date signed 4/7/42

F 90927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 90927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (Formerly Govans Park) (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Coolidge Ave. (If rural give location) 19
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Allie A. Frizzell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William A. Frizzell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1876

8. AGE: Years	Months	Days	If less than one day
65	7 6	19	hr. min.

9. Birthplace Carthage Texas (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name James Martin
13. Birthplace Pioneer of Texas.

MOTHER
14. Maiden Name Unknown
15. Birthplace Texas

16 (a) Informant Mrs. Oliver C. Kendrick
(b) Address 3805 Coolidge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 1942 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location Baltimore Md.

18 (a) Funeral director Mamie C. Syfer
(b) Address 1600 N. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 6 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942, at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1942 to April 5 1942, and that I last saw h[illegible] alive on April 4 1942

Immediate cause of death: Coronary Occlusion — Duration 1 week

Due to

Due to

Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death) — 2

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Franklin Square Hospital Date signed 4/6/42

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 90928

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Elm-Ridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morgan Thomas William (Birth: F-47078)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife Alberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-42

8. AGE: Years	Months	Days	If less than one day
			3 hr. 45 min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Thomas W Morgan
13. Birthplace Pa

MOTHER
14. Maiden Name Alberta Kramer
15. Birthplace Pa

16 (a) Informant Thomas W Morgan
(b) Address 1025 Elm-Ridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (month) (day) (year)
(c) Cemetery or crematory St Nicholas Cemetery
Location Wilkes-Barre Pa

18 (a) Funeral director William M Marsch
(b) Address 315 Light St

19 (a) APR 6 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 — 1942 at 2.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5-1942 to 4-6-1942 and that I last saw h. alive on 4-6-1942.

Immediate cause of death

Hemorrhage.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert W. Steele M. D.
Address 1. Balto Md Date signed 4/6/42

VS 8

F 90929

T.N. 72818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

F 90929

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4948 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Exeter St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

BALTIMORE CITY HOSPITALS

3 (a) FULL NAME Otto Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Seperated

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10-1875

8. AGE: Years 67 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Not Working

11. Industry or business

FATHER
12. Name Christian Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lehman
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6/42 (month) (day) (year)
(c) Cemetery or crematory St. Mathias
Location O'Donnel St.

18 (a) Funeral director Tully & Zeller
(b) Address 403 S. Wolfe St.

19 (a) APR 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 19 42 at 4 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1942 to 4-3 1942 and that I last saw alive on 4-3 1942

Immediate cause of death Uremia — Duration 12 hrs

Due to Left Hydro Uremia (Post mortem) — 12 hrs

Due to Carcinoma Head of Pancreas — 2 wks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-1-42

Major findings of operation: Carcinoma of head of Pancreas

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

Signature Donald Boskett M.D.

Address Balto City Hospitals Date signed 4-4-42

VS 1

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 90930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 945 N. Patterson Park Avenue (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Michel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1886

8. AGE: Years	Months	Days	If less than one day
55	8	27 28	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name JOHN A. HOH
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name CATHERINE ZEILER
15. Birthplace BALTO. MD.

16 (a) Informant JOHN B. MICHEL (SON)
(b) Address 945 N. PATTERSON PARK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 8/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tully & Zeller Co.
(b) Address 403 S. WOLFE ST.

19 (a) Date received APR 8 - 1942 (Do not write below this line) Registrar's signature Hattie F. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1942, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to April 3 1942 and that I last saw him/her alive on April 3 1942

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma of ampulla of vater

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 2, 1942

Major findings of operation: diffuse Carcinomatosis of abdomen

Autopsy: yes or no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman Levinson M. D.
Address University Hospital Date signed April 4, 1942

F 90931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Watson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie R. ~~Hunter~~ Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Burton Rogers
13. Birthplace Va

MOTHER
14. Maiden Name Catherine?
15. Birthplace Va

16 (a) Informant Thomas Rogers
(b) Address 1020 Oakland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Joseph L. Lobe Jr.
(b) Address 1364 E. Central Ave.

19 (a) Embalmed by (b) Date APR 6 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. W. Candler M.D. Medical Examiner
Date signed 4/14/42

VS 6

Physicians: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 90932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90932 Registered No.

PRINCE RUPERT'S INK, WHITE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Glenmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Glenmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Miller

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary A. Verges

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1864

8. AGE: Years 77 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Killmann

11. Industry or business: Retired

FATHER
12. Name: John E. Miller
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Laumann
15. Birthplace: Baltimore, Md.

16 (a) Informant: Henry Miller
(b) Address: 2909 Glenmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location: Baltimore, Md.

18 (a) Funeral director: Frederick A. Rose
(b) Address: 1900 W. Lombard St.

19 (a) APR 6 1942 (b) Registrar: Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1942, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26, 1941, to April 2 1942, and that I last saw h/M alive on April 2, 1942

Immediate cause of death: Coronary Thrombosis — Duration: 12 hr.
Due to: Arteriosclerosis and Ch. Myocarditis — 3½ mo.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: Lloyd E. Sayler M. D.
Address: 3902 Greenmount Ave. Date signed: April 4

F 90933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 90933 Registered No.

R.L.C. (72748)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Wolfe Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Cope

3 (b) If veteran, name war | 3 (c) Social Security No. | Account

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emily
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1865

8. AGE: Years	Months	Days	If less than one day: hr. / min.
76	9	16	

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name Charles Cope
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Allen Frances Martin
15. Birthplace Baltimore, Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-1942 (Month) (Day) (Year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director M. A. Dyer
(b) Address Conway & Pine Sts.

19 (a) Filed by registrar (b) Date Received APR 6 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1942, at Ha M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1942 to 4-5 1942, and that I last saw him alive on 4-5 1942

Immediate cause of death

Bronchopneumonia — Duration 12 days
Due to Hypostasis — 12 days
Due to Fracture R Hip — 14 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental Fall
(b) Date of occurrence 3-21-42 at ? M
(c) Where did injury occur? Home (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? No
(e) Means of injury Fell on steps.

23. Signature Donald B. Webb
Address Balt. City Hosp. Date signed 4-5-42 M. D.

Howard L. Sneeden M. D.

F 90934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 90934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 S. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia T. O'Neill.

3 (b) If veteran, name war: *****

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ***Francis J. O'Neill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 16 - 1866

8. AGE: Years 76 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name James Campbell; 13. Birthplace Maryland

MOTHER — 14. Maiden Name Julia Bussey; 15. Birthplace Maryland

16 (a) Informant Mr. Francis J. O'Neill

(b) Address 1102 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7. 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Baltimore St.

19 (a) (Date rec'd by Local Registrar) APR 6 1942 (b) Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3. 1942 at 10 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1941 to Apr 3 1942 and that I last saw h alive on Apr 3 1942

Immediate cause of death	Duration
Carcinomatosis P.M Disease due Empyaemia	
Due to Carcinoma of Stomach Empyaemia Pulmonalis	11-15-41 to 4-1-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Endeavor Emmanuel M. D.

Address 642 E Eutaw Date signed 4-6-42

F 90935

BALTIMORE CITY HEALTH DEPARTMENT

JN 72653

CERTIFICATE OF DEATH

131-B

F 90935

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town) 605 S. Bond Street

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Purell Hostler (Hastler)

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 222-05-5230

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1894

8. AGE: Years 47 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name William Hostler (d)

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Mary Jones (d)

15. Birthplace Baltimore, Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Lavenel Location O'Donnell St.

18 (a) Funeral director Lilly and Zeiler Inc.

(b) Address 403 S. Wolfe St.

19 (a) APR 6 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1942, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1942 to 4-1 1942 and that I last saw h[illegible] alive on 4-1 1942

Immediate cause of death Uremia — Duration 72 wks

Due to ? Glomerulonephritis, chronic — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rabbitan M.D.

Address Balto. City Hosp. Date signed 4-6-42

F 90936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 90936
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 627 S. Eaton St. (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Gonsler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/19/42

8. AGE: Years	Months	Days	If less than one day
			7 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Bernard Gonsler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Evelyn Sophie Rolfes
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Evelyn Gonsler
(b) Address 627 S. Eaton St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 20 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Maryland General Hospital.

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 (a) APR 6 - 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1942, to March 20 1942, and that I last saw him alive on March 20 1942

Immediate cause of death	Duration
Prematurity.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William K. Lumpkin M.D.
Address Md. General Hosp. Date signed 3/27/42

VS 3

F 90937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/31-B

F 90937

Registered No. 7906 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Hilton
(If rural give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3 (a) FULL NAME Mr. Thomas Plummer (Thomas Corner Plummer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Emily Parsons
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1891

8. AGE: Years	Months	Days	If less than one day
50	4	24	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business General Motors Co.

FATHER
12. Name James C. Plummer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Tormey
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emily Parsons Plummer
(b) Address Hilton Court Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) Registered APR 6 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to April 5 1942, and that I last saw h 28th alive on April 6 1942.

Immediate cause of death Uremia — Duration over

Due to Malignant hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 5/6/42

F 90938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 N Newkirk St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 N Newkirk (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Eckel

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Anna Eckel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 - 1875

8. AGE: Years	Months	Days	If less than one day
66	5	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business

FATHER
12. Name Wm H Eckel
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Kuns
15. Birthplace Germany

16 (a) Informant Mrs Lillian Dennis
(b) Address 318 N Newkirk

17 (a) buried (Burial, cremation, or removal) (b) Date thereof April 6/42 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem
Location Pulaski Hwy

18 (a) Funeral director John Wyatt
(b) Address 1000 Pennsylvania Ave

APR 6 - 1942

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to April 3 1942 and that I last saw him alive on April 2 1942.

Immediate cause of death
Generalized Arteriosclerosis
Cerebral Hemorrhage
Due to Coronary Occlusion Angina

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation
of autopsy None

Duration
Oct 1939
April 2/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Estelle M Eckel
Address 842 S Ellwood Ave Date signed 4-3-42

VS 1

F 90939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-B

F 90939
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie Conaway Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1925

8. AGE: Years	Months	Days	If less than one day
17	2	3	hr. min.

9. Birthplace Carroll Co, Md
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Leslie Conaway, Sr.
13. Birthplace Carroll Co, Md

MOTHER
14. Maiden Name Maria Pickett
15. Birthplace Carroll Co. Md

16 (a) Informant Mother, Maria Conaway
(b) Address Sykesville

17 (a) Burial (b) Date thereof April 8 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Messiah Lutheran
Location Bennett Carroll Co. Md

18 (a) Funeral director C. M. Walsh
(b) Address Winfield Md

19 (a) APR 6 - 1942 (b)
(Date rec'd by registrar) Huntington Mills, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/42 19 , at 3 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5/42 19 to 4/6/42 19 , and that I last saw him alive on 4/6/42 19

Immediate cause of death	Duration
Streptococcus empyema	1 wk
Due to Streptococcus pneumonia	1 wk
Due to Streptococcus throat infection	2 wk
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Rotchey
Address Church Home & Infirmary Date signed 4/6/42

F 90940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 90940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Maple Park Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Maple Park Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella M. (Minnie) Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1866

8. AGE: Years	Months	Days	If less than one day
75	7	22?	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Catherine Welsh
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Alice Murray
(b) Address Maple Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Moreland Ave.,

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) APR 6 1942 (b) Huntington Mills Registrar Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4, 1942 at 9.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1941, to 4-4 1942, and that I last saw [illegible] alive on 4-2-42.

Immediate cause of death	Duration
Coronary Thrombosis	4 hr.
Due to Chronic Hypertension	10 years
Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas K. Gallagher M. D.
Address Catonsville, Md. Date signed 4-6-42

F 90941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 90941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 S. 3rd St Brooklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 S. 3rd St. Brooklin (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE H. MIGLIORINI

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband of ~~WIFE~~ Joseph D.Migliorini

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 1st 1898

8. AGE: Years 44 | Months 1 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Alexandria Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Reese
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Foley
15. Birthplace Ireland

16 (a) Informant Joseph D.Migliorini (Husband)
(b) Address 3808 S. 3rd St. Brooklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N.Morley St.

19 (a) APR 6 1942 (b) [illegible] VS 8

Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 7.15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 10 1942 to April 4 1942 and that I last saw [illegible] alive on April 4 1942

Immediate cause of death: Carcinoma of Uterus — Duration: 1 year

Due to: 2

Due to: 4

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph D. Valentine M.D.

Address 3808 S. 3rd St. Brooklin Date signed APR 6-42

AB- 72319

F 90942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) St. No. 406 N. Front St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BALTIMORE CITY HOSPITALS Leo Guiffre or Giuffre

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1877

8. AGE: Years 65 Yrs. Months 1 Mo. Days 18 D. If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Leo Guiffre
13. Birthplace Italy

MOTHER
14. Maiden Name Mary ~~XXXXXX~~ De Luca
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) APR 6 - 1942 Huntington Williams M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 19 42 at 3.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 19 42 to 4/5 19 42 and that I last saw h. alive on 4/5 19 42.

Immediate cause of death: Uremia — Duration 7

Due to Arteriosclerotic Cardiovascular Nephritis disease — 9 yrs.

Due to

Other Conditions Abscess of scrotum & shoulder — 2 Wks.
(Include pregnancy within 3 months of death)

Date of operation 3/18/42

Major findings of operation: Abscess scrotum & shoulder.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Goodman M.D.
Address Baltimore City Hospitals Date signed 4/5/42

VS 8

F 90943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

F 90943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 528 N. Carey St. (or) 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. specify WAR

2. FULL NAME Celia Owens

(a) Residence: No. 528 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR or RACE: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct-14-1882

7. AGE: Years 59 | Months 7 | Days 9 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Celia N. Porter
(Address) 528 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date 4/6/ 1942

19. UNDERTAKER: Elroy Wilson
(Address) Woodbourne Ave

20. DATE RECEIVED BY REGISTRAR: APR 6 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1942.

22. I HEREBY CERTIFY, That I attended deceased from Feb-19-1942 to April 5th 1942

I last saw h[illegible] alive on April 4 1942 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Vascular Renal Disease	9
Other contributory causes of importance: Hypostasis	week

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. B. Stephens M.D.

(Address) 1413 Druid Park Dr.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 90944 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 McElderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth J. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1884

8. AGE: Years	Months	Days	If less than one day
57	8	26	hr. min.

9. Birthplace Suffolk, Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Eley
13. Birthplace Suffolk, Va

MOTHER
14. Maiden Name Louise ?
15. Birthplace Va

16 (a) Informant Joshua Eley
(b) Address 733 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 E. Lanvale Ave

19 (a) APR 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1942 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased April 1, 1942 to April 3, 1942 and that I last saw h[illegible] alive on April 3, 1942

Immediate cause of death

Acute Cerebral Apoplexy — Duration: Mar 30 1942

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Allen
Address 121 Druid Hill Ave Date signed 4/4/42

VS 1

F 90945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13D

F 90945 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH LOCKLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Henry Lockley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Blakey
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Henry Lockley
(b) Address 1414 E. Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvert
Location

18 (a) Funeral director Elroy Wilson
(b) Address 6000 Bradley Ave

19 (a) APR 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1942 at 7 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Deputy Medical Examiner.
Date signed 4-8-42

VS 6

F 90946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 90946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo.12da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Linden Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME STANLEY HOSKINSON

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1898

8. AGE: Years 43 | Months 7 | Days 3 | If less than one day: hr. min.

9. Birthplace Brunswick, Maryland
(Town, county, and state)

10. Usual Occupation Clerk O Jumbo Sales

11. Industry or business

FATHER
12. Name Robert Hoskinson
13. Birthplace Manassas, Virginia

MOTHER
14. Maiden Name Maude Porter
15. Birthplace Brunswick, Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 42

(c) Cemetery or crematory Balto Nat. Cem'y
Location Frederick Road

18 (a) Funeral director C. Walter May
(b) Address 619 N. Bouldin St

19 (Date rec'd by registrar) APR 6 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1942 8:15p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20, 1941 to April 4, 1942, and that I last saw him alive on April 4, 1942

Immediate cause of death: Cirrhosis of liver — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: 10/24;11/3;11/20;12/1;12/10;12/11;12/21;12/29;1/3;1/24;2/5;2/4;3/11;3/16

Major findings of operation: Paracentesis; Anastomosis 3/16-Biopsy

Was there autopsy? As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 4/6/42

VS 3

F 90947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B F 90947
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3117 Harview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Harview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Bernard Flick

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Pauline Flick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2nd 1859
8. AGE: Years 82 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Germany (Town, county, state)
10. Usual Occupation Cabinet Maker
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. John Heiger
(b) Address 107 S. Eaton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 7th. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover St.

19 (a) APR 6 - [illegible] Washington Millinery M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1942 to March 5 1942 and that I last saw him alive on March 4 1942.

Immediate cause of death: Cerebral arteriosclerosis — Duration: 5 yrs 6 mos.
Due to
Due to
Other Conditions Chronic Nephritis, Uremia, Chronic bronchitis — Duration: ?
(Include pregnancy within 3 months of death)
Major findings of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mylton Sherry
Address 116 E. Chase St Date signed 4/6/42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

90948

CERTIFICATE OF DEATH

51-D F 90948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E. Eager St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Doetsch

If U. S. Veteran specify WAR ...

(a) Residence: No. 2323 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Sophie Doetsch
6. DATE OF BIRTH (month, day, year): Sept. 6-1858
7. AGE: Years: 83; Months: 6; Days: 29; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building
10. Date deceased last worked at this occupation (month and year): 1/32
11. Total time (years) spent in this occupation: 50 yr.

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Doetsch
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Catherine Doetsch
(Address) 2323 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto. Cem. Date: April 7-1942

19. UNDERTAKER: John A. Miller
(Address) 2331 Jefferson St.

20. FILED ... 19... Registrar.

Huntington Williams, M.D.

APR 7-1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1942 to April 4, 1942
I last saw him alive on April 3, 1942. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each?
Carcinoma of Prostate Gland	3 mos.
Chr. Interstitial Nephritis	1937
Pulmonary Edema	1 day

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Clin. Date ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If ... (Signed) Ferdinand Stahlheber, M.D.
(Address) 3034 E. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 90949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 Harley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Harley St
(If rural give location)
Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24 1865

8. AGE: Years	Months	Days	If less than one day
76	7	9	____ hr. ____ min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business —

FATHER
12. Name Richard Kelly
13. Birthplace Balto md

MOTHER
14. Maiden Name Mary Ann O'Neill
15. Birthplace Balto Md

16 (a) Informant Family Recog. as
(b) Address 625 Harley St

17 (a) Burial (b) Date thereof 4/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. J. Kelly
(b) Address Holland & Belmont

19 (a) Filed APR 7 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1930 to Apl. 3 1942 and that I last saw h— alive on April 3 1942

Immediate cause of death	Duration
Cardiac Hypertrophy Cardiac	12 Years
Due to Hypertension Chronic Nephritis	
Due to	
Other Condition Acute Pulmonary edema	1 Day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Norris

Address 1017 East West St Date signed April 7 1942 M. D.

F 90950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 90950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Highwood Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

7148

3 (a) FULL NAME Benjamin W. Smith

3 (b) If veteran, name war: Navy (World War)
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Mildred Smith
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 12th 1891

8. AGE: Years	Months	Days	If less than one day
51	0	23	hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Insurance?
11. Industry or business Md Casualty Co

FATHER
12. Name John B. Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Mary E. Earhart
15. Birthplace " "

16 (a) Informant Frederick D. Smith
(b) Address 2714 Woodsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1269 St. Paul St

19 (a) Filed APR 7 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1942 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to April 1942, and that I last saw him alive on April 5, 1942.

Immediate cause of death: Pulmonary embolism
Due to Coronary occlusion
Due to Arterio-sclerosis

Duration
Five years
3 yrs.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William B. Herman M. D.
Address 1041 St. Paul St. Date signed 4/6/42

F 90951 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-D F 90951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Old Spring Lane
(c) Hospital or institution:
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 2101 Old Spring Lane (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel S. Ukler

3 (b) If veteran, name war: W
3 (c) Social Security Account No. ~~W~~ NMP

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Harry F. Ukler
6 (c) If alive, give age y m

7. Birth date of deceased (mo., day, yr.) Dec 24th 1870

8. AGE: Years 71 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto Md. (City, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Marcellus Emory
13. Birthplace Md.

MOTHER
14. Maiden Name Annie C. Knight
15. Birthplace Md.

16 (a) Informant Marcellus H. Ukler
(b) Address 39 S. Kossuth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) Huntington Williams M.D. (Date received by registrar)
APR 7 — 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to April 5 1942, and that I last saw ~~him or her~~ alive on April 3 1942.

Immediate cause of death: Valvular heart disease — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. N. Patterson
Address 2824 Reisterstown Rd Date signed 4/6/42 M.D.

AB F 90952 6026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-V F 90952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Arabia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Brumfield

3 (b) If veteran, name war No

3 (c) Social Security Account No. [illegible]

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) Apr. 4 1942

8. AGE: Years 72 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Attendant

11. Industry or business Filling Station Syndors

FATHER
12. Name George Brumfield
13. Birthplace ?

MOTHER
14. Maiden Name Carolinie
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/8/42 (month) (day) (year)
(c) Cemetery Mt Olivet
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) APR 7 1942 **(b)** Huntington Williams, M.D. **Address** Balto City Hosp **Date signed** 4-3-42

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1942 at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942 to 4-5 1942, and that I last saw h[illegible] alive on 4-5 1942.

Immediate cause of death Uremia — **Duration** 1 wk

Due to Acute urinary retention — **Duration** 1 wk?

Due to Prostatic Hypertrophy (Benign) — **Duration** ?

Other Conditions Pulmonary edema — **Duration** 3 days

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Nebb

F 90953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N. Durham St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES (GREEN) GREENHILL

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4098

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5, 1883

8. AGE: Years 58 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Pottaway County Va.
(Town, county, and state)

10. Usual Occupation Labrer

11. Industry or business

FATHER 12. Name Simon Greenhill

13. Birthplace Va.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Lester Greenhill

(b) Address 803 Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1942 (month) (day) (year)

(c) Cemetery or crematory Ophiter M. Cook

Location Arbutus Md.

18 (a) Funeral director Mrs C.A. Elliott Daughter

(b) Address 1129 N. Caroline St

19 (a) Date received (Date rec'd by Registrar) (b) Registrar's No. Registrar

Keating for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said decessed came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollanweber M.D.
Medical Examiner.

Date signed 4-5-42

VS 4

F 90954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 1023 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Hill Citizen

3 (b) If veteran, name War

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: ? Citizen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 21 1863

8. AGE: Years	Months	Days	If less than one day
78	4	1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Eunice Wood

(b) Address 1207 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location G.R. County Md

18 (a) Funeral director Mac R. Allird & Daughter

(b) Address 1129 N. Carrolle St

19 APR 7 1942 Huntington Maryland

(Date of this registration) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3 1942, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1942 to Apr. 3 1942, and that I last saw him alive on Apr. 3 1942

Immediate cause of death: Pulmonary Edema
Chr. Myocarditis

Duration: 2 Days

Due to

Due to

Other Conditions: Acute Myocarditis — 1 Day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dow. L. Berry M. D.

Address 1420 E. Chase Street Date signed Apr. 6 '42

F 90955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 90955
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Green Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Reddick

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1915

8. AGE: Years	Months	Days	If less than one day
24	3	8	hr. min.

9. Birthplace Norfolk Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Richard Walker
13. Birthplace Norfolk Va

MOTHER
14. Maiden Name Roddie Moore
15. Birthplace Norfolk Va

16 (a) Informant Lula Brooks
(b) Address 237 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A & C Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Burlington Williams, Md

APR 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1942, at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30, 1942, to April 3, 1942 and that I last saw M.C.R. alive on April 3, 1942

Immediate cause of death Tapeworid

Duration

Due to Enteritis 1st & 2nd degree burns

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 30, 1942
(c) Where? 520 S Green Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Hot Coals Lighting Stove Fluid

23. Signature Oscar Hartzog, M.D.
Address Franklin Square Hosp Date signed 4/7/42

Howard L. Mebus, M.D. per Mrs

F 90956

F 90956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1243 James St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1243 James St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michat Stacewicz (Michael Stanis)

3 (b) If veteran, name war:

3 (c) Social Security Account No. 218-09-4404

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 15 1882

8. AGE: Years: 59 Months: 6 Days: 20 If less than one day: hr. min.

9. Birthplace: Lith (Town, county, and state)

10. Usual Occupation: Iron molder

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Lith.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Lith.

16 (a) Informant: Mary Stacewicz
(b) Address: 1243 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Blair Rd

18 (a) Funeral director: Joseph Kaminska Jr.
(b) Address: 602 Washington Blvd.

19 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1942 to April 5 1942 and that I last saw him alive on 4-3-42 19

Immediate cause of death	Duration
Myocardial Degeneration Auricular Fibrillation	5 wks.
Due to	
Due to	
Other Conditions Generalized Edema	5 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: J. E. Bennett M. D.
Address: 110 E. Lombard St. Date signed 4-6-42

VS 1

F 90957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 90957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Penna. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Penna. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Lyons F. Shaffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edward R Shaffer | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 11 1860

8. AGE: Years 81 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Canton Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER
12. Name Geo Frederick
13. Birthplace Md.

MOTHER
14. Maiden Name Helsing
15. Birthplace U.S.

16 (a) Informant Mrs. L. Shaffer
(b) Address 2431 Penna Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS,
(b) Address NORTH & PENNA. AVES.

19 APR 7 1942 (b) BALTIMORE, MD.
Accepted by registrar Houghton Willcutts, Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 7 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1927 to April 6 1942 and that I last saw h[illegible]alive on March 4 42

Immediate cause of death: Uremia Hypertension 9 Nephritis

Due to Many years

Due to Duration Unk. Complete

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1418 Mc[illegible] Ave. Date signed 4/7/42

F 90958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-A

Registered No. F 90958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 N. Carolina St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N. Carolina St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jovina Schmidt

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Andrew Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 - 1868

8. AGE: Years 73 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Karl Nicolaus
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Blamm
15. Birthplace Germany

16 (a) Informant Mrs Rae Fuller

(b) Address 1737 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location City

18 (a) Funeral director John Ulrich

(b) Address 2002 Aliceanna

19 (a) APR 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 5 - 1942 at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death
Asphyxiation from
Due to Illuminating Gas
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably accidental
(b) Date of occurrence 4 - 5 - 42 at A M
(c) Where did injury occur? 1806 N. Carolina St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation - Gas range

23. Signature Howard J. Weidig M.D.
Medical Examiner.

Date signed 4 - 6 - 42

VS 6

F 90959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194-a

F 90959
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 N. Callington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 500 N. Callington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Reinig
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Reinig
6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1877

8. AGE: Years 64 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Watchman
11. Industry or business Balto City

FATHER
12. Name Peter Reinig
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Troger
15. Birthplace Balto. Md

16 (a) Informant Margaret Reinig
(b) Address 500 N. Callington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director John Ullyot
(b) Address 2004 Orleans St

19 (a) APR 7 – 1942 (b) Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandervort M.D.
Medical Examiner.
Date signed 4/4/42

VS 6

F 90960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E 5-5 1/2 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. E 55 1/2 Vine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Harriet Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	col	widow

6 (b) Name of husband or wife Myles Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Maryland
(town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Coombs
13. Birthplace —do—

MOTHER
14. Maiden Name Charlotte Jane
15. Birthplace —do—

16 (a) Informant Alonzo R Glenn
(b) Address 725 Dolphin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 Schroeder St.

19 (a) APR 7 - 1942 (Filed by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 3.05 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Mar 1 1942 to April 3 1942, and that I last saw h[illegible] alive on April 3 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Cardiac Hypertrophy	
Due to Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Edelman M. D.
Address E 823 N Fremont this signature [illegible]

F 90961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 Nottingham Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Nottingham Rd. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Waltjen Reid

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late John Reid

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febr 2, 1856.

8. AGE: Years 86 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Waltjen
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Bauer
15. Birthplace Md.

16 (a) Informant Miss Helen Reid Dall
(b) Address 515 Nottingham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave. & Gay St.

18 (a) Funeral director Harry A. Wiltse
(b) Address 4101 Edmondson Ave.

19 APR 7 - 1942 (Date rec'd by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Past 11 Years to April 2 1942 and that I last saw h. alive on April 4 1942

Immediate cause of death Cerebral Hemorrhage
a Pneumonia, hypostatic
Coronary sclerosis

Duration 10 yrs

Due to

Due to

Other Conditions Toxic Erythema 2 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mrs. Sheary

Address 115 Clare St Date signed 4/6/42

VS 3

F 90962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 90962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 E. Pratt St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida A. Shipley

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov? 1890

8. AGE: Years	Months	Days	If less than one day
51	5		hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Frank Shipley
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Mary E Isanel
15. Birthplace Md

16 (a) Informant Mrs. Florence E. Shipley
(b) Address 29 Gorman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7/42 (month) (day) (year)
(c) Cemetery or crematory W. L. Christ
Location Balto.

18 (a) Funeral director W. S. Tittle
(b) Address 2702 Edmondson Ave

19 APR 7 - 1942 (Date rec'd by registrar) (b) Huntingtown Williamsport Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Landstreet M.D. Medical Examiner
Signed 4/4/42

F 90963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 90963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 W. Pratt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, insert RURAL and give town)
(d) Street 926 W. Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry S. White

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie E. Thorpe — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 21, 1874

8. AGE: Years: 67 | Months: 7 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Inspector

11. Industry or business: City

FATHER
12. Name: Unknown
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore, Md

16 (a) Informant: Mr. Harry S. White Jr.
(b) Address: 410 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: 2900 Edmondson Ave

18 (a) Funeral director: John J. Bowen & Son
(b) Address: 901 Hollins St.

19 (a) Filed APR 7 1942 (b) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1942, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1927 to 4/3 1942 and that I last saw h. living on 4/2 1942.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Laughlin

Address 404 N. Payson St. Date signed 4/6/42

Dr Berry 1420 E. Chase St

F 90964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. F 90964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 N Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N. Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Logan Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15 1887

8. AGE: Years 55 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Logan Sr

13. Birthplace Va

MOTHER 14. Maiden Name Alberta Logan

15. Birthplace Va

16 (a) Informant Celia Stanton

(b) Address 1119 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 7 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location R. I. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1942 to Apr. 3 1942, and that I last saw him alive on Apr. 3 1942.

Immediate cause of death
(a) Uremia
Due to Glomerulo nephritis
Due to
Other Conditions Cerebral Apoplexy
(Include pregnancy within 3 months of death)

Duration
(a) 1 hr.
(b) 2 days
1 yr.

Major findings
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Berry M. D.
Address 1420 E. Chase Date signed Apr. 7 '42

VS 1

F 90965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

F 90965 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere (Usual residence)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Krieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, ~~widowed~~, or divorced: married

6 (b) Name of husband or wife: Joseph Krieger (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Russia

MOTHER FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Hyman Franklin-Son

(b) Address 1924 E. Dayton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)

(c) Cemetery or crematory Rosedale Cemetery

Location Md. Rd. East Nevins Spc

18 (a) Funeral director

(b) Address 1730 E. Baltimore St

APR 7 - 1942 (Date received) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 2:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Thrombosis

Due to: Diabetes Mellitus — Duration

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Hamley Wright M.D. Medical Examiner

Date signed 4/7/42

VS 4

F 90966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 90966 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospt
(d) Length of stay in hospital or inst. ~~(years, mos., or days)~~ 10
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 1812 Penn. Ave
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Ina anna Rent

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Charles
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) 10-12-1895
8. AGE: Years 46 Months 5 Days 24 If less than one day ___ hr. ___ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name George Alper
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Fannebaum
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery Mt. Fredrick agudas
Location Rugedale
18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E Balto St
19 (a) [illegible] Huntington Williams, M.D.

APR 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942, to April 6 1942, and that I last saw her alive on April 6 1942.

Immediate cause of death	Duration
Coronary Thrombosis	12 days
Due to	
Due to	
Other Conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua Perman M.D.
Address WB & H. Date signed 4/6/42

F 90967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 90967 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N. Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N. Bruce St (If not in city or town, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife James Matthews (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 yrs | Months - | Days - | If less than one day hr. min.

9. Birthplace North Thumberland Va.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Jubiter Hartman
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace Va

16 (a) Informant William Matthews
(b) Address 705 N. Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location Baltimore City Md.

18 (a) Funeral director Chas H Alexander
(b) Address 922 N. Mount st

19 (a) APR 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1942 at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1942 to 4/6 1942 and that I last saw her alive on 4/6 1942

Immediate cause of death: Cardiac Renal vascular disease — Duration 6 mos.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature C. N. Pitfort
Address 1573 610 Fawn ave Date signed 4/6/42

VS 8

F 90968 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V83a F 90968

1. PLACE OF DEATH Florence Nightengale Nursing Home Registered No.

CITY OF BALTIMORE: (No. 1414 Eutaw Pl. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Thorn If U. S. Veteran specify WAR

(a) Residence: No. 2320 Cambridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martin Thorn

6. DATE OF BIRTH (month, day, year) ? 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	?	?	

OCCUPATION
a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
b. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) ? (State or country)

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martin Thorn 2320 2023 Cambridge St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 4/8 19 42

19. UNDERTAKER (Address) John J Duda 2829 Hudson St.

20. FILED APR 7 - 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1942 to 4/6 1942

I last saw h.er alive on 4/4 1942 Death is said to have occurred on the date stated above, at 7 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. H. Patterson M. D.

(Address) 2324 Reist. Rd

S. 2.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 90969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 90969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 HOMESTEAD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 5
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 HOMESTEAD ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLIVIA CULBERTSON

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: WARREN CULBERTSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): DEC. 14 1862

8. AGE: Years 79 | Months 3 | Days 18 30 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: UNKNOWN
13. Birthplace: BALTO.

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: BALTO.

16 (a) Informant: MARY CULBERTSON (DAUGHTER)
(b) Address: 1322 HOMESTEAD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 7/42 (month) (day) (year)
(c) Cemetery or crematory: PARKWOOD
Location: TAYLOR AVE.

18 (a) Funeral director: Selby & Zeller Inc.
(b) Address: 403 S. WOLFE ST.

19 APR 7 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH APR. 4 1942 at 3/10M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1942 to Apr 4 1942 and that I last saw her alive on Apr 4 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. Whitfield Smith M. D.
Address: 104 W. Madison St. Date signed 9/3/42

VS 8

F 90970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 Registered No. F 90970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11Mo. 24days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter Julian Burke Jr. (Birth - F 26858)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Infant

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/11/1941

8. AGE: Years	Months	Days	If less than one day
-	11	24	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Walter J. Burke Sr.
13. Birthplace Augusta, Ga.

MOTHER
14. Maiden Name Edith Johnsen
15. Birthplace Baltimore, Md.

16 (a) Informant Edith Burke (Mother)
(b) Address 1211 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles Hoffner
(b) Address 514 N. Calhoun St.

19 APR 7 1942 (Month) (Day) (Year) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1942 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12th 1942 to April 5th 1942 and that I last saw [illegible] alive on April 5th 1942

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to Contributing Cold.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Lynn
Address 522 N. Arlington Ave. Date signed April 7 1942

VS 3

F 90971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 90971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 157 N. Milton Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY M O'BRIEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-3621

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Naomi G. Brinn
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) July 5 - 1909

8. AGE: Years	Months	Days	If less than one day
32	9		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Wilmer G. Brinn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Hatton
15. Birthplace Baltimore

16 (a) Informant Naomi G. Brinn
(b) Address 157 N. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Gwynn Oak Pike

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 APR 7 - 1942 (Date rec'd by registrar) Huntington Hillshaus M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 9.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fracture of skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-5-42

Major findings of operation: one skull.

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 4th, 1942 9.05 P M
(c) Where did injury occur? Police Department Emergency Ward Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury altercation & fist fight

23. Signature H. L. Wollenweber M.D. Chief Medical Examiner.
Date signed 4-6-42

VS 4

F 90972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140B

F 90972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Mc Culloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys Terry (TERRY)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1923

8. AGE: Years	Months	Days	If less than one day
19	-	17	hr. min.

9. Birthplace Goatmine, N.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Horace Brooks
13. Birthplace Goatmine, N.C.

MOTHER
14. Maiden Name Sherdie Spikes
15. Birthplace Goatmine, N.C.

16 (a) Informant Horace Brooks
(b) Address 1534 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Cas. H. Holland
(b) Address 1631 Druid Hill Ave.

APR 7 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942, at 12 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942, to 4-5 1942, and that I last saw h[illegible] alive on 3-5 1942.

Immediate cause of death: Streptococcic Endocarditis — Duration

Due to: Septicemia

Due to: Intractable abortion — one

Other Conditions: Lues

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 Caroline St. Date signed 4-7-42

VS 8

F 90973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 90973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2219 Division St

(c) Hospital or institution 2219 Division St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County Md

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street address 2219 Division

(If rural, give location)

Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Robert R. Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie E Roberts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1871

8. AGE: Years 70 Months 8 Days 27 If less than one day hr. min

9. Birthplace Eastern Shore Md (Town, county and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Henry Roberts

13. Birthplace Talbot Shore Md

MOTHER 14. Maiden Name Jane

15. Birthplace Eastern Shore Md

16 (a) Informant Annie Robert

(b) Address 2219 Division

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Rev. Chas. H. Holland

(b) Address 1631 David Wilkins Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1942 to Apr 3 1942, and that I last saw him alive on Apr 3 1942

Immediate cause of death Carcinoma of face

Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Place at work?

(Specify type of place)

(e) Means of injury

23. Signature J. B. Kirk

Address North Ave & Division St MD 6

VS 3

F 90974 ✓ F 90974 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frankie Beatty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, divorced Married

6 (b) Name of husband or wife Carlos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1876

8. AGE: Years 65 Months 9 Days 27 If less than one day hr. min.

9. Birthplace New Orleans, La. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Rachel Robert
(b) Address 2323 [redacted] Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-[redacted]-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (g) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

APR 7 - 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1942 to Apr. 5 1942 and that I last saw h[redacted] alive on Apr. 5 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 weeks
Due to: Malignant Hypertension
Due to:
Other Conditions: Left Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rankin M.D.
Address Provident Hosp. Date signed 4/6/42

F 90975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 90975

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Maloney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Cummings Court

19 (a) APR 7 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942, at 4 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-10- 1942, to April 6 1942, and that I last saw her alive on April 6 1942.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall, M. D.

Address 1631 E North Ave Date signed April 7-42

VS 1

F 90976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 90976 Registered No.

R.L.C.(72986)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1440 Argyle Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. ? 1897

8. AGE: Years 44 Months 8 Days 0 If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation W.P.A.

11. Industry or business

FATHER
12. Name West Mitchell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Wilkie Green
15. Birthplace North Carolina

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem. Location Baltimore, Md.

18 (a) Funeral director Mrs. Augusta A. Hemsley
(b) Address 575 W. Biddle St.

19 (a) APR 7 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1942 at 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 to 4-5 1942 and that I last saw h alive on 4-5 1942

Immediate cause of death Uremia

Due to Arteriolar nephrosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabkin M. D.
Address Balto. City Hosp. Date signed 4-5-42

VS 3

F 90977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 90977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: 712 Dolphin Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 712 Dolphin St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary A Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Fem

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1888

8. AGE: Years 54 53 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Henry H Smith

13. Birthplace Balto Md

MOTHER

14. Maiden Name Mary Dyson

15. Birthplace Balto Md

16 (a) Informant Esther Smith

(b) Address 718 Dolphin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto Md

18 (a) Funeral director Josiah L Brandon

(b) Address 1424 W Montgomery St

19 APR 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to April 3, 1942 and that I last saw her alive on April 3 1942.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other Conditions Terminal pneumonia (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O. R. Campbell, M. D.

Address 718 Dolphin St. Date signed

F 90978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

F 90978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Av.
(c) Hospital or institution St Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Baltimore Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 675 Washington Ave Laurel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Cole.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Walter.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1872

8. AGE: Years	Months	Days	If less than one day
69	4	20	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER
12. Name Benj. F Fairall
13. Birthplace Md.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Walter M Cole
(b) Address Laurel Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (month) (day) (year)
(c) Cemetery or crematory Ivory Hill
Location Laurel, Md.

18 (a) Funeral director De Wit Donaldson
(b) Address Laurel, Md.

19 (a) (Date of Adv.) 1942 (b) Huntington Williams, M.D. Registrar

V.S. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1942, at 6.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1942 to 4/6 1942 and that I last saw h[illegible] alive on 4/6 1942.

Immediate cause of death Pulmonary infarction

Due to Arteriosclerotic Cardio-Vascular disease

Due to (Fibrillation)

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Clifton Rosberg

Address St. Agnes Hosp. Date signed 4/6/42

F 99979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 90979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 Cedarcroft Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Govanstown Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Cedarcroft Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Beauchamp Van Hollen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Lt. George H. Van Hollen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 - 1866

8. AGE: Years	Months	Days	If less than one day
76	2	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Robert Schoolfield Beauchamp
13. Birthplace Georgetown S.C.

MOTHER
14. Maiden Name Eleanor H. Mullikin
15. Birthplace Baltimore Md.

16 (a) Informant Donald B Van Hollen
(b) Address 201 Cedarcroft Road.

17 (a) Burial (Burial, cremation, or entombment) (b) Date thereof April 6 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins & Co
(b) Address Richard J. McCollole Co

19 Filed APR 7 1942 Huntington Williams, M.D.

V8 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1942, at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 to 4-6 1942, and that I last saw her alive on 4-5 1942.

Immediate cause of death
CHR. ARTERIOSCLEROTIC HEART DISEASE — Duration 10 YEARS
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Dorsey M. D.
Address 1129 St. Paul St. Date signed 4-7-42

F 90980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered F 90980

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 E Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM SCOTT

3 (b) If veteran, name war

3 (c) Social Security Account No. Single

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Aug 26 - 1922

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 19 | Months 8 9 | Days 17 10 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Crane Operator
11. Industry or business Bethelehem Steel Co

FATHER
12. Name Wm Co. Scott
13. Birthplace Va

MOTHER
14. Maiden Name Bertha Landon
15. Birthplace Wash. D C.

16 (a) Informant Mrs Bertha Scott
(b) Address 202 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10, 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 14 S Jefferson St.

19 (Date rec'd by registrar) APR 7 - 1942 Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 2 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Stab wounds of chest.	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operations:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 6, 1942 12 25 M
(c) Where did injury occur? Blaylock & Barclay (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stabbed with Knife

23. Signature T. J. Wollenweber M.D. Medical Examiner.
Date signed 4-6-42

VS 6

F 90981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

Registered No. F 90981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 South Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Sieg. (Birth = F-46830)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-42

8. AGE: Years: Newborn | Months: 2 | Days | If less than one day: hr. min.

9. Birthplace: University, Maryland (Baltimore City, State, or Foreign Country) Maryland

10. Usual Occupation

11. Industry or business

FATHER
12. Name: James Edwards Sieg
13. Birthplace: Unknown Virginia

MOTHER
14. Maiden Name: Margaret Helen Ernest
15. Birthplace: Baltimore Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [redacted] APR 7 - 1942
Location [redacted] Commissioner of Health

18 (a) Funeral director Per H. A. Moore.
(b) Address

19 (a) APR 7 - 1942 (Address by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1942, at 11:37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30-1942, to 4-1 1942; and that I last saw him alive on 4-1 1942.

Immediate cause of death
(a) Atelectasis
Due to Prematurity
(b) Due to Premature Separation of Placenta
Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Duration
(a) 2d
(b) 34 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph A. Simon
Address University Hospital Date signed 4-7-42

VS 3

5093

90982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 90982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 W. Redwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Moritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dk

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

APR 7 - 1942

Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (c) APR 7 - 1942 (Date filed by registrar) Huntington Hollins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942 at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Hamilton M.D.
Medical Examiner.

Date signed 4/1/42

8092

VS 6

F 90983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No. 90983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N Redwood St
(c) Hospital or institution: Helping Up Mission
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 604 N. Redwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Krah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Mal

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1879

8. AGE: Years: 03 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

APR 7 - 1942

Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) APR 7 - 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942, at 5 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Vandegrift M.D. Medical Examiner.

Date signed 3/31/42

8091

VS 6

90984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90984
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 1611 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUTHER BALLARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 42 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL APR 7 – 1942
Commissioner of Health
Per H. A. Hoerr

18 (a) Funeral director

(b) Address

19 (a) APR 7 – 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 42 at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death — Duration

Tuberculosis, pulmonary

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Wollenweber M.D.
Medical Examiner.

Date signed 5-31-42

VS 6

8090

90985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. B 90985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 857 N. Fremont (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Creston Logan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1904
8. AGE: Years 38 | Months | Days | If less than one day hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18 (a) Funeral director
(b) Address
19 APR 7 - 1942 (Date rec'd by registrar)

UNIVERSITY MEMORIAL SCHOOL APR 7 - 1942
Commissioner of Health
Per H. A. Moore
Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942. 5 5 D M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull
Subdural hematoma
Due to Cerebral edema
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Injury or Accident
(b) Date of occurrence 3/29/42 at ? M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell down, hit on head

23. Signature H. A. Moore M.D. Medical Examiner.
Date signed 3/29/42

VS 6

8089

41166 F 90986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. 90986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2259 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josiah Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-95

8. AGE: Years 46 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Watkins
15. Birthplace Md.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Howard Co.

18 (a) Funeral director Mrs. Katie P. W. Williams
(b) Address 527 N. Paca St. Huntingtown Williams, Md.

19 (a) APR 7 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1942 to April 5 1942 and that I last saw him alive on April 5 1942

Immediate cause of death Toxemia — Duration

Due to Secondary Infection

Due to Spontaneous urinary Extravasation

Other Conditions Carcinoma of the Urinary Bladder

(Include pregnancy within 3 months of death)

Date of operations: 3/29/42, 4/1/42, 4/4/42

Major findings of operation: Carcinoma of Urinary Bladder

of autopsy: Operation.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Mark, M.D.
Address Johns Hopkins Hosp. Date signed 4/6/42

F 9098 HEALTH DEPARTMENT—CITY OF BALTIMORE F 9098

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 W Fraunclin St. Ward 15)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 4 mos. 23 ds. If not living in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lafayette Combs

If U.S. Veteran specify WAR

(a) Residence: No. 1129 W Fraunclin St., Ward S.S. 217-07-6175

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle Combs age 39

6. DATE OF BIRTH (month, day, year) Nov-12 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) Nov 41

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Combs

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Myrtle Combs

(Address) 1129 W Fraunclin

18. BURIAL, CREMATION, OR REMOVAL

Place Lebanon Mem Pk Date 4-9- 1942

19. UNDERTAKER Mrs Hattie L. Williams

(Address) 322 N Dekalb St.

20. ARP 7-1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1942

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1942 to 4/5, 1942

I last saw him alive on 4/4, 1942 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma Epidermoides	Nov. 41
Other contributory causes of importance: acute Pleurisy	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) David Fraunclin M. D.

(Address) 1129 W Fraunclin

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

413581
F 90988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 90988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Russell Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-6-05

8. AGE: Years	Months	Days	If less than one day
36	4	28	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER — 12. Name George Washington
13. Birthplace Md.

MOTHER — 14. Maiden Name Elizabeth Mackey
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3232 N. Collington Ave.

19 APR 7-1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to April 4 1942, and that I last saw him alive on April 4 1942

Immediate cause of death: Miliary Tuberculosis — Duration: 3 months

Due to

Due to

Other Conditions Tinea versicolor

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Anderson
Address Johns Hopkins Hosp. Date signed 4/8/42

VS 2

F 9089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-B

Registered No. F 9089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 42/60 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Long Beach, Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baumgart (Birth = F 47109)

3 (b) If veteran, name war
3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	wife

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-4-42

8. AGE: Years	Months	Days	If less than one day
42 hrs			hr. min.

9. Birthplace Baltimore, Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Baumgart
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Grant
15. Birthplace Md.

16 (a) Informant Albert Baumgart
(b) Address Long Beach, Middle River Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 7 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 7 - 1942 Huntington Williams M.D.
(Delivered by registrar) (Registrar)

20. DATE OF DEATH 4 - 4 1942, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942 to 4-4 1942 and that I last saw h[illegible] alive on 4-4-1942.

Immediate cause of death	Duration
(a) Congenital defect - abnormality	
Due to (b) spina bifida	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas E. Grant M.D.
Address Church Home Inf. Date signed 4-6-42

VS 3

8094

F 90990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 90990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 Orleans St.
(c) Hospital or institution: 1830 Orleans St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Bosley nee Ford

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward Bosley

6 (c) If alive, give age: About 30 yrs years

7. Birth date of deceased (mo., day, yr.): Sept 22-1914

8. AGE: Years 27 | Months 7 | Days 6 13 | If less than one day hr. min.

9. Birthplace: Balto, Md (Town, county, and state)

10. Usual Occupation: Waitress

11. Industry or business

FATHER
12. Name: James Ross
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Hattie Ruley
15. Birthplace: Balto, Md

16 (a) Informant: Mrs Mamie Ford
(b) Address: 1830 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: A.A. Co. Md.

18 (a) Funeral director: Mrs Ida Bosley
(b) Address: 142 Jefferson St

19 (a) (b) Huntington Williams, M.D. Registrar
(Date received by registrar)
APR 7-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 5 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby-15 1942 to Apr 6 1942 and that I last saw h. alive on Apr. 5 1942.

Immediate cause of death

Due to: Pulmonary Tuberculosis
Both Lungs

Duration: 2 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thos. H. Morgan M. D.
Address: 14 E. Read St Date signed

Verbal 4-6-42, 4.7.42

F 99991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

F 99991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 N. Strieker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Strieker (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis E. Brown (Birth - F 41835)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1941

8. AGE: Years | Months: 3 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Albert Gladden
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Georgella Putney
15. Birthplace Baltimore, Md.

16 (a) Informant Georgella Putney
(b) Address 208 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 922 N. Gilmore St

19 (a) APR 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 11 o'c A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hydrocephalus left ventricle	
Preliminary edema	
Due to Sickle cell anemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 4/7/42

VS 6

90992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 90992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 537 Orchard st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 17 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 Orchard st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William W. Griggs.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) 8-7-1866

8. AGE: Years 75 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Nat. Moreland County, Va (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Robert Griggs
13. Birthplace Va.

MOTHER 14. Maiden Name Elizabeth Roman.
15. Birthplace Va

16 (a) Informant Mary V. Griggs
(b) Address 537 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

APR 7 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942, at 1020 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 4 1942; and that I last saw h[illegible] alive on April 1 1942.

Immediate cause of death Cardiac Dilatation and Hypostatic Pneumonia — Duration 4 Months

Due to Debility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Stewart

Address 628 Franklin st Date signed 4/6/42 M. D.

F 90993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 90993 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Carolined Oliver Hse
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No 1035 Spangler Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Dodson, Jr (Birth F 37981)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-41

8. AGE: Years	Months	Days	If less than one day
	5	13	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roy Dodson
13. Birthplace Penn

MOTHER
14. Maiden Name Blanch L Mills
15. Birthplace Penn

16 (a) Informant Roy Dodson.
(b) Address 1035 Spangler Way.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (month) (day) (year)
(c) Cemetery or crematory Mills Penn
Location Mottstown Penn

18 (a) Funeral director Leonard Hurst
(b) Address 5351 Harford Rd

19 APR 7 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1942, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1942 to 4/7 1942, and that I last saw h alive on 4/7 1942.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Compton
Address St Joseph's Hospital Date signed 4/7/42

F 90994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170B

F 90994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Bernard Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT L REX

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-10-2655

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mattie Rex
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Mar. 31 - 1888

8. AGE: Years	Months	Days	If less than one day
53		5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business

FATHER
12. Name Louis J Rex
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Marie Hill
15. Birthplace Harpers Ferry Va Mattie Rex

16 (a) Informant
(b) Address 2700 Bernard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave Balto. Md.

18 (a) Funeral director Bernard A Fink
(b) Address 1900 N Broadway

19 (a) Filed APR 8 1942 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 11 23 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 4/11
(a) Accident, suicide, or homicide accident
(b) Date of occurrence ~~April~~ March 31st 1942 at 10 a M
(c) Where did injury occur? Elliott St & Fort Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? Yes (Specify type of place)
(e) Means of injury Collision of street car & auto

23. Signature H Z Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 4-6-42

E 90995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 90995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2mo. 22da.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1106 S. Sharp Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: BARNES, John Henry

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife: Sadie Mason Barnes
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 14. 1887

8. AGE: Years	Months	Days	If less than one day
54	7	20	hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Stable Boss
11. Industry or business:

FATHER
12. Name: George Barnes
13. Birthplace: Calvert County, Maryland.

MOTHER
14. Maiden Name: Hanna
15. Birthplace: Calvert County, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto City

18 (a) Funeral director: Isaac L. Brown & Son
(b) Address: 10 & W Montgomery St

19 (a) APR 8 - 1942 Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4, 1942, at 7:55a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11, 1942 to April 4, 1942, and that I last saw him alive on April 4, 1942.

Immediate cause of death: Hypertensive heart disease — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [signature]
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 4/8/42 (M. D.)

F 90996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 90996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw St.
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 S. Para St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A. Gable, Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Gable
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1867

8. AGE: Years	Months	Days	If less than one day
74	3	17	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name William Gable
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Lavinia Jeffers
15. Birthplace Baltimore, Md.

16 (a) Informant Mary Gable
(b) Address 930 S. Para St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Road

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road

19 (a) APR 8 1942 (Date received) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1942 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1942 to 4/6 1942, and that I last saw h[illegible] alive on 4/4 1942.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Putterman
Address 2324 Pennsylvania Ave Date signed 4/7/42

VS 3

F 90997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 90997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Aged Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 21 26 9
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Baylis St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Schlick

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Catherine Schlick
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 11, 1860

8. AGE: Years	Months	Days	If less than one day
81	10	6 2/5	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Catherine Schlick
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 4914 Belair Road.

19 (a) (Date rec'd by registrar) APR 8 - 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1942, at 11:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1941 to 4/6 1942.
and that I last saw h.e.r. alive on 4/3 1942.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Peterman
Address 2324 Reist Ave. Date signed 4/7/42

F 90998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106c

Registered No. F 90998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Park Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Michael Bird (Birth - F 35701)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1-1941

8. AGE: Years — | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Eugene Wallis Bird
13. Birthplace Va

MOTHER
14. Maiden Name Eleanor V. Doss
15. Birthplace Balto Md.

16 (a) Informant Mrs. E. W. Bird
(b) Address 1914 Park Place Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 9-1942 (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location Balto Co. Md.

18 (a) Funeral director Putnam Bros
(b) Address 2330 E. Chase St

19 APR 8 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1942 at 9:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1942 to 4/7 1942 and that I last saw him alive on 4/7 1942.

Immediate cause of death Cardiac Lorazepam - Toxicity - Barbiturate

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 24 hrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Longaker

Address St. Joseph's Hospital Date signed 4/7/42 M. D.

F 90999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 90999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Gilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Gilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-6472

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Geo Simpson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-1883

8. AGE: Years 58 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business

FATHER 12. Name Michael R Lyf (Rolf)

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Geo Simpson

(b) Address 145 G. St Wash. DC.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Edmonson Ave

18 (a) Funeral director Leonard J Roth

(b) Address 5305 Harford Road

19 (d) APR 8—1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 6 1942 at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1942 to April 1942 and that I last saw her alive on April 6 1942

Immediate cause of death

(1) Pulmonary TB. 2

Due to (2) Cavitation

Due to (3) Pneumonia Left Lower

Due to (4) Generalized Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Duration

Date of operation 1940? Mastectomy

Major findings of operation:

of autopsy: TB of Lungs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Fred R Sanna M.D. M. D.

Address Bon Secours Hosp Date signed 4-7-42

VS 3

F 91000 F 91000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a Registered No. 7-91000

7-91000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address University

(c) Hospital or institution: Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel Co

(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)

(d) Street No. 911 Berlin ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Erma Gaskins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/26/30

8. AGE: Years	Months	Days	If less than one day
11	3	11	____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER

12. Name James Gaskins

13. Birthplace Va

MOTHER

14. Maiden Name Lola Innes

15. Birthplace md

16 (a) Informant James Gaskins

(b) Address Berlin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Edmondson ave

19 (a) Apr 8 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7 1942, at 9:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1942, to 4/7 1942, and that I last saw her alive on 4/7 1942

Duration

Immediate cause of death Medullary Edema

Due to Medulloblastoma IV Ventricle

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. K. Thompson M. D.

Address Univ. Hosp. Date signed 4/7/42

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7/2 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #87850 AND ENDING WITH #91000 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Lordda Byrne

END OF REEL